Student (if age 18 or over) Signature

09/12/2017, 06/28/2022

Adopted:

Revised:

Date

## **Students**

## **Exhibit - Biometric Information Collection Authorization**

If the District collects biometric information, distribute to parent/guardian at the time he/she/they register(s) a child for school and distribute to students upon turning 18. Return to the Building Principal to be kept in the student's temporary record.

to be kept i	in the student's temporary record.
Student	Anticipated Graduation Year
purposes. I individuals geometry, from the in age of 18, 1	et collects biometric information from its students only for identification and/or fraud preventior Biometric information includes any information collected through an identification process for based on their unique behavioral or physiological characteristics, including fingerprint, hand voice, or facial recognition, or iris or retinal scans. The School Code requires written permission adividual who has legal custody of the student, or from the student if he or she has reached the before the District may collect biometric information from students.
When colle	ecting biometric information, the School Code also requires the District to:
1.	Store, transmit, and protect all biometric information from disclosure.
2.	Prohibit the sale, lease, or other disclosure of biometric information to another person or entity unless: (a) prior written permission by you is granted, or (b) the disclosure is required by cour order.
3.	Discontinue the use of a student's biometric information under either of the following conditions: (a) upon the student's graduation or withdrawal from the school district; or (b) upor receipt in writing of a request for discontinuation by the individual having legal custody of the student or by the student if he or she has reached the age of 18.
4.	Destroy all of a student's biometric information within 30 days after the occurrence of either conditions 3(a) or 3(b) above.
solely for he/she/the his/her/the age of 18, v	to the collection of biometric information of the above-named student by the School District identification or fraud prevention. I understand that this authorization is valid until y graduate(s) or withdraw(s) from the District, I request that the District's use of the biometric information be discontinued at that time or when he/she/they reach(es) the whichever is earlier. I understand that a request for discontinuation of the use of the above dent's biometric information may be made at any time by notifying the Building Principal of the state
Parent/Gua	ardian (if student is under age 18) Signature

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