# DATA PRIVACY CONSENT FORM
# for St. Theresa School 2026-2027

## I have read the Data Privacy Consent Form.

Complete Name of Student/Child/Ward: _____

Signature of Student: _____

Date: _____

If below 18 years old,

As the parent/guardian of this student, I have read the data privacy consent form, understood its contents, and provide consent to use the personal information collected as outlined and in accordance with this form. I hereby give permission to use the personal information collected as outlined and in accordance with this form and certify that I have reviewed this information with my child.

Parent/Guardian's name (please print): _____

Parent/Guardian's Signature: _____Date:_____