**BIOMETRIC INFORMATION CONSENT FORM**

I have read and received a copy of [EMPLOYER]’s Biometric Information Policy.

I understand that my biometric information will be collected for [PURPOSE].

I understand that my biometric information will be collected and used for [LENGTH OF TIME].

I understand that the collection, use, storage, and disclosure of my biometric information, in accordance with [EMPLOYER]’s Biometric Information Policy, will comply with all applicable laws and regulations.

I hereby consent to the collection, use, storage, and disclosure of my biometric information by [EMPLOYER] for the aforementioned purpose. I understand that I may revoke my consent, in writing, at any time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date