

Ohio State University

Parental/Guardian Informed Consent for Sharing of Child's Personal Information

NOTE: This form should not be used without review and authorization by the [Office of Legal Affairs](#).

Introduction

As part of OSU's efforts to respect and protect the personal information of minors in the university's care, you are being asked to allow Ohio State University to share your child's personal information in order to participate in the Insert Program Name. This form is designed to tell you what information will be disclosed and why.

Procedures & Use

As part of your child's participation in the above event/program, the following information has been requested to be shared with the Insert Partner Organization.

- Insert information to be shared with partner organization.

The information above will be shared for the purpose of Insert description of how/why child's information will be shared.

Confidentiality

The above named entity has been told that the disclosed information should be used for the above described purposes only, and will not be shared in any other capacity without additional consent.

Consent

I understand the above information regarding my child(ren)'s personal information will be shared in the manner described above. By signing this consent to this disclosure and I am confirming that I am 18 years of age or older and the parent/guardian of the child indicated below.

Print Parent(s)/Guardian(s) Name _____

Print Child Name(s) _____

Signature of Parent(s)/Guardian(s) _____ Date _____