



## Biometric Consent Form

Please complete this form to the school taking and using information from your fingerprint by Crickhowell High School as part of an automated biometric recognition system, or indicate you wish to use a carded system.

This biometric information will be used by Crickhowell High School for the purpose of gaining access to school building.

In signing this form, you are authorising the school to use your biometric information for this purpose until you either leave the school or ceases to use the system. If you wish to withdraw your consent at any time, this must be done so in writing and sent to the school at the following address:

[office@chs.wales](mailto:office@chs.wales) or Biometric Consent, Crickhowell High School, New Road, Crickhowell, Powys, NP8 1AW

Once you cease to use the biometric recognition system, your biometric information will be securely deleted.

You have the right for to not have the biometric data taken, instead using a card for entry. If you wish this, please tick this box:

(ticking this box you accept that you must inform this school immediately of a lost card and you will be charged £10 for a replacement)

Having read guidance ([www.chs.wales/biometric](http://www.chs.wales/biometric)) provided to me by Crickhowell High School, I give consent to information from the fingerprint (or having a card issued):

Name of Staff: \_\_\_\_\_

being taken and used by Crickhowell High School for use as part of an automated biometric recognition system for accessing the school site through access control doors.

I understand that I can withdraw this consent at any time in writing.

**Signed**

_/_/_/____

**Date**

Please return this form to Nick Brown