

Parental Consent Form

INSTRUCTIONS: Please review and complete the information below. Print out this page, sign your name at the bottom of the form and fax it to PERSONAFILE at 1-650 649-1766, or scan and email it to parentalconsent@PERSONAFILE.com . When PERSONAFILE receives and processes your consent form, we will activate your child's account. If you have any additional questions, please email Member Services at support@PERSONAFILE.com.

I _____ hereby certify that I am the parent and/or lawful guardian of . My child's email address is :

{Insert address here}

I understand and agree that when my child registers with PERSONAFILE to use its services, PERSONAFILE or its authorized agents, may collect and maintain certain personal information about my child, including but not limited to:

- * First and last name
- * Gender
- * Birthdate
- * Email address
- * Parent's email address
- * Telephone number
- * Mailing address

I further understand and agree that the above-described information will be held in accordance with PERSONAFILE's Member Agreement and Privacy Policy and not be disclosed to any third parties except in accordance with those documents. I have read and reviewed the above and PERSONAFILE Member Agreement (<http://www.personafile.com/membershipagreement>) and the PERSONAFILE Privacy Policy (<http://www.personafile.com/privacy>) and I give my permission for PERSONAFILE to collect, use and disclose personal information about my child in accordance with the terms stated therein.

_____ Parent's Signature

_____ Date