



OFFICE OF INFORMATION TECHNOLOGY – INFORMATION SECURITY OFFICE		
Parental Consent on Behalf of the Child Form General	Policy #	
	Revised	

I, [parent/guardian name], _____ confirm that [child subject name], _____ is below the age of 18 years old and I am consenting on their behalf that National University can collect, use, sell, process, and share the personal information and sensitive personal information, which includes but is not limited to, the academic, financial, and other personal information associated with [child name], _____; for the purpose of receiving accessible, achievable education, accessing institutional research reasons. I am aware that I may withdraw my consent at any time by using the Data Subject Consent Withdrawal Form, selecting the Make a Consumer Request link in National University's Privacy Policy, or by either sending an email to dataprotection@nu.edu or by mail to: National University, 9388 Lightwave Avenue, San Diego, California 92123 – Office of Information Technology, Information Security Office.

Signed by [parent/guardian printed name]:

Signature: _____

Date: ____/____/_____