

# Legal Guardian DNA Sample Release Consent Form

## Child's Information

Full Name

Date of Birth

Address

## Legal Guardian's Information

Full Name

Relationship to Child

Phone Number

Address

## Consent

I, the undersigned legal guardian, hereby consent to the collection, analysis, and release of the DNA sample for the above-named minor. I acknowledge that I have the legal authority to provide this consent.

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I agree and give my consent

## Purpose of Release

Please specify the purpose of the DNA sample release

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Legal Guardian's Signature

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Date

