

Parental Consent for Minor's DNA Sample Release

Minor's Information

Full Name of Minor

Date of Birth

Address

Parent/Guardian Information

Full Name of Parent/Guardian

Relationship to Minor

Contact Number

Email Address

Consent Statement

I, the undersigned, hereby authorize and consent to the collection and release of a DNA sample from the above-named minor for the purposes of

. I confirm that I am the lawful parent or legal guardian of the minor and have the authority to grant this consent.

Additional Comments

Parent/Guardian Signature

Date