

Biometric Data Consent Form

Personal Information

Full Name

Date of Birth

Biometric Data Details

Type of Biometric Data

Purpose of Collection

How the Data Will Be Used

Data Retention Period

Consent

I acknowledge that I have read and understood the information above regarding the collection and use of my biometric data. I voluntarily give my consent for my biometric data to be collected, used, and stored for the purposes described.

Signature

Date

