

COPPA PARENTAL CONSENT FORM

Notice to Parents

In compliance with the Children's Online Privacy Protection Act (COPPA), parents (or legal guardians) of children under 13 years of age must consent to collections, uses and disclosures of the personal information of their children collected by the University of North Georgia's Pre-College Access Programs (PCAP): Educational Talent Search (ETS) and Upward Bound (UB) Projects. This information may be collected by UNG's PCAP or by third party vendors to provide users with access to features and activities on our website, web-enhanced and mobile applications, customize content, tutoring services, and to generate reports to the funding agency (U.S. Department of Education).

Your permission is required for the collection, use, or disclosure of your child's personal information. We will not grant your child access to any PCAP (ETS or UB) website account(s) unless you provide us with permission. UNG's PCAP may collect the following information from your child once he/she is able to access the website: a) personally identifiable information including student and parent name, date of birth, SSN, home/physical address, telephone number, online contact information, name of school student attends and grade level.

Verifiable Parental Consent

Please complete this form by typing in the requested information. Then print, sign, scan, and email it to ets@ung.edu. Only parents can submit a COPPA form. Any forms received from an adviser or teacher will not be processed.

Child's full name: _____

Child's email address: _____
(Must be different from the parent's email address.)

Child's date of birth (Month/Date/Year): _____

School name (required): _____

School zip code (required): _____

Program Affiliation ETS JUB GUB

By signing and returning this form to UNG's Pre-College Access Programs, you certify that you consent to the collection, use and/or disclosure of your child's personal information as described by the Board of Regents Policy Manual Section 10.4 Cybersecurity: <https://www.usg.edu/policies>

Your full name: _____

Relationship to child: _____

Your email address: _____
(Must be different from the child's email address.)

Your full mailing address: _____

Your signature: _____ Date: _____

At anytime, you may refuse to permit UNG's PCAP to collect further personal information from your child online and can request that deletion of the personal information collected in connection with your child.

If you need this document in an alternate format for accessibility purposes (e.g. Braille, large print, audio, etc.), please contact N. Latrice Richardson at nrichardson@ung.edu or (678) 717-3409.