

Parental Consent Attachment:

This form should be attached to the Badge Request Form and submitted as one document.

(If you are age 18 or above, please disregard this page)

Parental Consent: As the parent of the child named above, I certify that all of the information provided is accurate and complete. I have read and agree with the included privacy act statement, which states that the information contained in this form may be disclosed to proper authorities for the purposes of verifying my child's identity and determining my child's suitability to receive an NIH ID badge.

Parent / Guardian: Print Name _____

Parent / Guardian: Signature _____ Date: _____

Phone Number: _____