

Biometric Identifier Collection Authorization Form

Northwestern University will capture and use your [fingerprints] to control access into facilities. Your [fingerprint] data will not be disclosed by Northwestern, except to a Biometric Identifier Collection vendor or licensor, without your consent unless the disclosure is required by law or by valid legal subpoena. If retained, your fingerprint data will be permanently deleted from Northwestern's systems within six months of when the initial purpose of obtaining such Biometric Information has been satisfied, as provided in the retention schedule set forth in the University's Biometric Information Policy, a copy of which is attached hereto and is posted online at:

<http://policies.northwestern.edu/docs/biometric-information-privacy-policy-final.pdf>

By signing below, you acknowledge that you have read the University Biometric Information Privacy Policy and you consent to Northwestern University's collection, use, and storage of your [fingerprint] for the above stated purpose.

Print Name: _____

Signature: _____

Date: _____

