

Parent/Guardian

Consent Form For Fingerprinting of a Minor Child

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address:

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Tele (Day): \_\_\_\_\_ Tele (Evening): \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

**I consent to have my child fingerprinted for QAD-CCL**

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_