

UPSTART Parental Consent Form

I, _____ (print parent's name), the parent or legal guardian of _____ (print child's name), have had the opportunity to review the *Waterford Institute UPSTART COPPA Policy*. By executing the statement below, I authorize Waterford Institute™ to collect my child's personally identifiable information.

I also understand that my child's information will be collected and processed in the United States and consent to these practices. I understand that I may withdraw my permission granted herein by calling Waterford Institute User Support as stated in the *Waterford Institute UPSTART COPPA Policy* at any time.

Parent's Signature: _____

Dated this _____ day of _____, 20_____.

Parent's e-mail address: _____

Child's e-mail address: _____

Child's birth date: _____/_____/_____