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### Biometric Consent Form

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KCA University will capture and use your biometric data to increase security and control access to certain campus facilities. Your biometric data will not be disclosed by the University without your written consent unless the disclosure is required by law or by valid legal warrant. In the event of departure / course completion from the University, your biometric data will be permanently deleted from KCA University's systems within six (6) months after clearance from the university.

Please read the [Biometric Information Privacy Notice on this link](#) for more information on how we will handle your biometric data:

I hereby acknowledge that I have read and understood the University Biometric Information Privacy Notice. I, therefore, give my informed consent to KCA University's collection, use, and storage of your biometric data for the above stated purpose.

Your Staff or Student Number\*

Your answer

Your Full Name\*

Your answer

Consent\*

I consent to KCA University processing my biometric information for the purposes indicated in the Biometric Information Privacy Notice.