

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY STUDENT REGISTRATION

DoDEA FORM 700 – Consents and Authorizations

- INSTRUCTIONS:**
- 1. Completed by Sponsor/Parent or Guardian.**
 - 2. Print (Ink) or type all entries.**
 - 3. One completed form for PK through 8th grade; and/or one completed form for 9th through 12th grade**

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 2164 and 20 U.S.C. 921-932; DoD Directive 1342.20, "Department of Defense Education Activity (DoDEA)," October 19, 2007
 PRINCIPAL PURPOSE: To obtain consent and authorization needed to allow students to participate in school programs and activities and to disclose certain student information, and acknowledgement of the emergency care that may be delivered to a student by DoDEA's officials and health care providers. Information collected on this form is authorized by the DoDEA system of records notice (SORN) number 26, published at <http://dpclo.defense.gov/privacy/SORNs/component/osd/>.
 ROUTINE USE(S): In addition to the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, this record or information may be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(2-12), the DoD Blanket Routine Uses described at <http://dpclo.defense.gov/privacy/SORNs/component/osd/> and the DoDEA routine uses found in SORN 26.
 DISCLOSURE: Granting the consent and authorization requested by this form is voluntary. However, the failure to complete the form and provide the requested consent/authorization/acknowledgement of notice, may delay or prevent the DoDEA student's enrollment or participation in activities requiring consent or authorization.

| Student Last Name | Student First Name | Student ID (School Use Only) |
|-------------------|--------------------|------------------------------|
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SECTION I – AUTHORIZATION DESIGNATIONS FOR STUDENTS ENROLLED IN DODEA SCHOOLS
(Applicable only to the dependent student registering with this form)

1. Authorization to Attend Study Trips (i.e., one-day, no overnight DoDEA-funded trips): The undersigned authorizes my student to participate in authorized DoDEA school study trips as initialed below: (Mark the appropriate box)

- All** authorized study trips **Individual:** I request that the school obtain my permission in advance of **each** study trip involving my student.

2. Authorization to Disclose to Media Certain Directory Information and Student Images: The undersigned authorizes DoDEA to disclose to DoD and public news media, DoD sponsored print and/electronic media, including, for example DoD news networks, student newspapers, yearbooks, and similar student publications; DoD or DoDEA approved websites or web services (including social media); DoD and DoDEA brochures, booklets, and video/audio productions, a) my student's media directory information (student name, and/or ID, school, grade level, student e-mail address; image, major field of study, participation in officially recognized activities and sports; weight and height if student is a member of a school athletic team; dates of attendance, degrees, and awards received, the most recent previous educational agency of institution attended by the student; student work products); and b) my student's individual or group images in connection with his/her participation in school sponsored athletic, extracurricular or academic activities, or ceremonies that honor individual student achievements." (Mark the appropriate box)

- Authorize Decline to authorize Disclosure Limited to Yearbook Only

3. Authorization to Disclose School Records to Other Schools: The undersigned authorizes DoDEA to release a copy of my student's official school records to another school to which my student is transferring or has transferred, upon written request from the gaining school, without notifying or providing the undersigned with a copy of the released school records. The undersigned understands that I may opt out of this authorization at any time by furnishing a written notice of my decision to the school principal, subsequent to which the school will not release my student's records to another school without prior written consent.

- Decline to authorize

4. Authorization to Disclose Student Directory Information to Military Recruiters: The undersigned authorizes DoDEA to disclose to U.S. Military recruiters the following recruiter directory information pertaining to my student: age 17 and older or enrolled in the 11th or 12th grade: name, address, and telephone number.

- Decline to authorize

5. Authorization to Participate in Authorized Survey: The undersigned authorizes my student to participate in any survey authorized by DoDEA Headquarters, except that either I or my student may decline to participate in (opt out of) any particular survey. I understand that DoDEA authorizes surveys only after a committee of DoDEA educators has determined that the survey will produce high quality data of use to DoDEA that is not generally available through another means, in accordance with the criteria and rules of DoD Instruction 1100.13, "Surveys of DoD Personnel." Authorized surveys will collect data anonymously. Authorized surveys will not collect data about my student's or my family's health, medical status, mental or psychological condition, or personality. Authorized surveys will explore students' experience with and opinions about DoDEA school programs, participation in the use of various learning technology and equipment, future career or education plans, and satisfaction with or achievement in learning. In the event that a survey falls outside of these parameters, DoDEA will seek additional specific parental consent.

- Decline to authorize

STUDENT NAME

6. Authorization to Obtain Post Graduate Student Data: The undersigned authorizes DoDEA to obtain information on my student's postsecondary college enrollment. The information gathered from this data will be used to refine the academic programs and the college/career readiness of my student in order to improve postsecondary success.

Decline to authorize

SECTION II - SPONSOR/PARENT/GUARDIAN ACKNOWLEDGEMENTS

1. Use of DoDEA Internet and Use of Information Technology Resources: The undersigned acknowledges that my student's use of DoDEA Information Technology resources is contingent upon agreement and compliance with the "Appropriate Use of DoDEA Information Technology Resources – Terms and Conditions for DoDEA Students" (hereafter "Terms and Conditions") and can be found at <http://www.dodea.edu/Offices/Regulations/loader.cfm?csModule=security/getfile&pageid=93099>. The undersigned understands that DoDEA requires parental/guardian signature for all students and student signature for grades 4-12. If my student violates the Terms and Conditions, the undersigned understands that my student may be subject to school disciplinary and/or appropriate legal actions and may lose all access to DoDEA technology resources (which include the privileges of access to DoDEA communications and computer equipment, related software, and services, such as e-mail and Internet access, educational programs and services, and social media). The undersigned understands that the school will exercise reasonable care to prevent my student from accessing undesirable information on the Internet; however, the undersigned is aware that the school may not be able to prevent my student from accessing all such information or on-line communications. By completing DoDEA Form 700A, Internet Agreement and Consent to Use Information Technology Resources, and signing Section IV of this form, the undersigned certifies that he/she has read, understands, and agrees to abide by the Terms and Conditions and to ensure that my child also understands and agrees. The undersigned hereby consents to my student's use of DoDEA's Information Technology resources, in accordance with DoDEA Terms and Conditions.

2. Acknowledgement of Disclosure of Student Information and Data Security: Electronic systems (e.g., computers, communications equipment, software, and web/Internet-based services) are critical to school operations: to student learning, including how to operate responsibly in an electronic age, and for management. Students may access many systems through their school or personal computer (e.g., student email or social media, and web-based educational learning tools). Students lack access to other systems used for management and certain educational activities (e.g., for testing and assessment, education record storage and reporting, and school meal management); although individuals may obtain their personal data in these systems using Privacy Act procedures. Many systems require individual accounts. To establish a student account, DoDEA discloses minimal student directory information necessary (e.g., student name (or a pseudonym), student ID, school, grade level, and student email address). DoDEA instructs students to limit disclosure of personal information through student email or social media, or educational blogs. It evaluates provider adherence to Federal data privacy laws and industry/DoD data security standards and whether access is limited to authorized users required to sign in with a user-created password; data is identified by use of pseudonyms; access to personal data is limited to that within the user's personal account; access to another's personal information is limited to individuals authorized by law or official duties to the minimum data needed to deliver or maintain the services promised, or to fulfill an official duty; it encrypts data, and/or requires data be stored in secured areas or electronic vaults that are accessible only by authorized personnel. Parents play a vital role in educating their children to limit disclosure of personal data and to adhere to school rules.

3. Acknowledgement of Financial Responsibility for Property and Equipment that is Lost, Damaged, Destroyed or Stolen and for Duty to Pay for School Meals: In accordance with the policy of DoD Instruction 5000.64, Accountability and Management of DoD Equipment and Other Accountable Property, as amended, and the basic obligations of public service described in the Standards of Ethical Conduct for the Executive Branch, 5 CFR 2635.101, I acknowledge that I am financially liable for Government-owned or leased property and equipment that is lost, damaged, destroyed, or stolen while that equipment is in my use, custody, or control, or the use, custody, or control of one of my family members. In addition, I am financially obligated to pay the cost of any school meal that is provided to me or to my child. I understand that my financial liability includes the costs, such as attorney fees, interests, and other collections costs, incurred by the Government to collect amounts that I owe the Government. I further understand that the term lost, damaged, destroyed, or stolen, refers to circumstances arising from neglect by me or my family member, and does not apply to circumstances that are beyond my or my family's ordinary care that cause depreciation of value due to ordinary wear and tear. The term "property or equipment" includes school furnishings (such as desks, chairs, classroom supplies and equipment, textbooks, laboratory equipment and supplies, electronic equipment, seats and furnishings on school-provided or funded busses and other school-provided or funded transportation conveyances). I understand that school authorities will notify me when it asserts a claim against me, that I will be given the opportunity to see all evidence supporting the school's assertion of my liability, that I will be afforded the opportunity to present argument and evidence challenging my liability to appropriate authority as prescribed in DoDEA rules and regulations, and that upon a preliminary determination by school authorities of my liability, I can appeal that decision to appropriate authority as specified in DoDEA rules and regulations. However, once I have exhausted my rights under DoDEA regulations, without eliminating the determination of my financial liability, I acknowledge my duty to promptly make payment in full of the amounts due in accordance with DoDEA rules concerning payment. I acknowledge that my failure to make prompt payments may result in the denial of access by me or my family member to school-provided resources, such as computers and electronic equipment, software or textbooks, or school meals, that the school may decline to photocopy my student's academic records or transcripts, and that the fact of my nonpayment may be reported to my command.

STUDENT NAME

4. **Disclosure of Student Information by Emails to Sponsor/Parent/Guardian:** The undersigned acknowledges that DoDEA may communicate information about my student in official email communication to me and/or my student. The undersigned understands that DoDEA staff exercise care to limit the inclusion of personal student information in such emails, but it cannot guarantee that such communication will not always avoid the inclusion of my student's personalized information, such as about the student's health, discipline, or other student educational information. The undersigned further understands that if I object to the use of email communication concerning my student, that I must inform the principal in writing of my desire to receive such communication by alternate means.

SECTION III – EMERGENCY HEALTH CARE NOTICE AND ACKNOWLEDGEMENT

DoDEA will assist a student in the event he or she becomes ill or is injured while engaged in school sponsored activities, including athletic and academic competitions and study trips. The school will follow the procedures identified below, from the administration of first aid through referral to health care providers for necessary treatment. The health care/medical provider may not always be a U.S. licensed medical doctor (physician).

1. School to Administer First Aid: School personnel will administer first aid to my student when needed to treat minor injury or illness.
2. Emergency Contact, Emergency Response and Transportation for Emergency Care: Should the student sustain an illness or injury that a school official believes should receive immediate care from a health care provider, the undersigned understands that the school,
 - a) will make reasonable efforts to contact the undersigned, or the alternate individual(s) identified as emergency contacts on my student's registration document (DoDEA Form 600), and, if necessary,
 - b) will arrange for a response by an Emergency Response Team (EMT) and possible transportation of my student for treatment to an available health care facility. The (EMT), health care facility, or attending health care provider(s) may not be U.S. or military facilities or providers, especially if my student is located overseas.
3. Treatment Decisions to be Made Exclusively by Health Care Provider(s): If the nature of my student's injury or illness requires immediate health care, then attending health care providers will make decisions, in accordance with their standard operating procedures, regarding the delivery of emergency care for my student.
4. Cost of EMT/Transportation/Health Care: DoDEA shall not be responsible for the costs of any EMT or transportation of my student to a health care provider, or for the cost of care provided to my student by the health care provider(s).
5. School Does Not Administer Medication or Food Without a Physician's Order: The school does not administer medicine or daily food, snacks or drinks to my student as a part of his/her physician-prescribed treatment program, unless the undersigned has provided the school with medications and/or food along with a physician's order giving instructions on the administration of the medicine and/or food.
6. Duty to Inform the School: It is the personal responsibility of the undersigned to inform the school of changes in my student's health status or emergency contact information. The undersigned agrees to notify the school principal in writing of any such changes.
7. Release of Student Information The school will release information in its possession that is pertinent to my student's health condition(s), including any health and emergency contact information to my student's sponsor/parent/guardian, health care provider(s), police officials, and others who need to know information in order to render health care to my student, or to protect the safety of any person or property.
8. Effect of Failure to Sign this Notice and Acknowledgement: The failure to sign this Notice and Acknowledgement may delay or prevent my DoDEA student's participation in activities requiring authorization.

IV. SIGNATURE BLOCK

By my signature below, I (and my student age 18 or over) acknowledge that I have read and fully understand the information contained in each section I-III of this DoDEA Form 700 (including documents referenced within this form). Further, my signature acknowledges that I provided or declined to provide the authorizations, as indicated, in paragraphs 1-6 of section I. I understand that these authorizations and acknowledgements shall remain operative until the form is updated by the undersigned.

Signature of Sponsor/Parent/Guardian: _____

Printed Name: _____ DATE: _____

Signature of Student Age 18 or older: _____

Printed Name: _____ DATE: _____