

Biometric Data Processing Consent Form

Purpose: This form is to obtain your informed consent for collecting and processing your biometric data in accordance with applicable data protection and privacy laws.

Personal Details

Full Name: _____

Employee/ID Number: _____

Department/Unit: _____

Contact Information: _____

Types of Biometric Data to be Collected

- Fingerprint
- Facial Recognition
- Iris Scan
- Voice Pattern
- Other: _____

Purpose of Collection

- Access control and identification
- Time and attendance recording
- Security and fraud prevention
- Other: _____

Data Storage & Retention

Your biometric data will be securely stored and will only be retained for as long as necessary for the purposes stated above, or as required by law. Data will be protected by appropriate technical and organizational measures.

Your Rights

- Right to access and obtain a copy of your biometric data
- Right to request correction or erasure of your data
- Right to withdraw consent at any time
- Right to lodge a complaint with the relevant data protection authority

Consent

By signing below, you acknowledge that you have read and understood this form and voluntarily consent to the processing of your biometric data for the purposes specified above.

Signature

Date

Important Notes

- This document must be retained for compliance and audit purposes.
- Consent must be freely given and can be withdrawn at any time.
- Clearly state types of biometric data and processing purposes.
- Ensure compliance with local, national, and international data protection laws.
- Never collect or process biometric data without explicit informed consent.