



Parental Online Privacy Consent Form

Dear Parent/Guardian,

The Center for Student Leadership and Expanded Learning (CSLEL) is providing opportunities for your student to participate in Career and Technical Student Organization (CTSO) State Leadership Conferences virtually this year. The Nebraska Career and Technical Student Organizations include: DECA, Educators Rising, FCCLA, FFA, Future Business Leaders of America, HOSA, and SkillsUSA. Participation in these events will include providing student information during registration as well as during competitions online and during video conferencing.

Student information such as first and last name, email address, grade, gender, age, and date of birth will be collected during registration and used during the State Leadership Conference. During the conference, content will be broadcasted online using video conferencing software to include Zoom and Microsoft Teams. These programs may not be included in the acceptable use policy signed by your local district.

By signing below, you are granting permission for:

- The local district to provide the CTSO and the Nebraska Department of Education personal information to use for the registration of the conference;
- Your student to utilize the video conferencing software and testing software to be used by the organization for the conference;
- The Nebraska Department of Education (NDE) and any of its authorized agents to video/audio record or photograph your student, collect written or spoken testimonials (the "Recordings") from the student, and grant to the NDE and the NDE's authorized agents the right to copy, reproduce, and use all or a portion of the Recordings for all purposes and in perpetuity without further consent from me, and without compensation to me or my child.

I hereby release the NDE and the CTSO, its employees and authorized agents from all claims, actions, or damages that may arise from the taking, reproduction, or use of the Recordings. I further agree that the Recordings shall constitute the sole property of the CTSO and NDE.

SIGNATURE _____ DATE _____

FULL NAME (print) _____ TITLE _____

SCHOOL OR ENTITY NAME _____

SCHOOL OR ENTITY FULL ADDRESS _____

