

Consent Form – Personal Identifying Information



Beauty for Ashes 2.0
850-788-8232

This form serves to acknowledge and request your agreement regarding the use of personal identifying information that has been provided by Department of Vocational Rehabilitation (DVR) to Beauty for Ashes 2.0 in connection with the training program you or your child is participating in.

Acknowledgement:

We acknowledge that Beauty for Ashes 2.0 has received personal identifying information, which may include, but is not limited to, names, contact information, and other pertinent details of the participant from DVR.

Purpose:

The personal identifying information is provided to facilitate and enhance the delivery of the training program. It enables us to communicate with participants, track attendance, and make necessary accommodations to ensure a successful training experience.

Confidentiality:

Beauty for Ashes 2.0 is committed to safeguarding and holding in strict confidence all personal identifying information received from DVR. We will not disclose this information to any third parties without your explicit consent, except when required by law.

Agreement:

By signing this form, you acknowledge that you have read, understood, and agree to the following:

1. You consent to the use of personal identifying information provided by DVR for the sole purpose of facilitating the training program.
2. You understand that Beauty for Ashes 2.0 will treat this information with the utmost confidentiality and will not share it with third parties unless legally obligated to do so.
3. You agree to notify Beauty for Ashes 2.0 promptly of any changes or updates to the personal identifying information.

Parent/Guardian Consent and Agreement (if participant is a minor):

Parent/Guardian Full Name: _____

Participant's Full Name: _____

Participant Agreement (if 18 years old or older):

Participant's Full Name: _____

Signature:

Parent/Guardian Signature: _____ Date: _____

Participant Signature (if applicable): _____ Date: _____

Please return this form to Beauty for Ashes 2.0 representative, on or before the 1st day of training.

Thank you for your cooperation and trust in Beauty for Ashes 2.0 as we strive to provide a valuable and supportive training experience.