

Release for Testing of Minors at a Testing Center

Dear Parent and/or Guardian,

In order to maintain the security and highest degree of academic integrity of the tests it administers, or contracts with a third party to administer, PSI Services LLC and its affiliated companies (“PSI”) employ various mechanisms that authenticate the candidate’s exam experience, including but not limited to

- (i) taking a picture of the candidate’s face,
- (ii) taking a picture of the candidate’s ID (when available),
- (iii) recording screenshots and keystrokes of the computer on which the candidate takes the exam for monitoring by trained exam proctors, and potential later review by PSI or its client exam sponsors, and
- (iv) recording audio and video images of the candidate and his/her exam environment during the exam for monitoring and review by exam proctors.

Pictures, videos, and audio recordings captured in testing centers before, during, and after an exam will be used by that testing center and certified video review specialists to monitor, administer and proctor the candidate’s exams. The information above will not be re-disclosed, except to certified video review specialists and other appropriate personnel, including exam sponsor officials, as required to maintain, monitor, and preserve the integrity of the exam. The information will be destroyed or anonymized within six (6) months of its date of capture, or when the information is no longer needed for proctoring purposes, whichever date is earlier.

If you wish to revoke your consent, you may do so by contacting PSI in writing, and providing PSI with any requested information (*e.g.*, candidate name, date and location of exam, etc.). You have the right to inspect records for which your consent was given. To do so please contact PSI as to the process.

Before a testing center can take these pictures, videos or recordings, however, it needs the permission of the minor candidate’s parent or guardian. By signing this form, you grant the testing center permission to take the photographs, videos and recordings of your child required to authenticate his/her exam experience. Children without signed releases will not be permitted to sit for an exam. PSI appreciates your understanding and cooperation.

I hereby grant PSI Services LLC, and its affiliates, assigns, successors in interest, employees, designees, and those acting on behalf of PSI Services LLC (collectively, “PSI”), the right to take or record audio, pictures, and/or video (collectively, “Images”), and other personally identifiable information of the minor exam candidate identified below (the “Child”), while the Child is within a testing center to sit for an exam PSI is administering, or contracts with a third party to administer, and to use the Images and other personally identifiable information for the purpose of monitoring, administering, proctoring, or providing technical support of exams.

I represent and warrant that I have read this release, that I am a parent or legal guardian of the Child, and I understand that these Images will not be used without PSI first receiving a copy of this release signed by a parent or legal guardian of the Child, as set forth below. This release shall survive the execution and delivery hereof and shall be binding on the Child, its legal representatives, heirs, and assigns.

Print Parent/Legal Guardian Name: _____

Signature: _____

Date: _____

Child's Name: _____

Address: _____

City/State/Zip: _____

School & Grade: _____

Categories to include in emergency contact form

Information about Minor Candidate

Name of Minor Candidate

Address of Minor Candidate

Information about Parent/Guardian

Name of Parent/Guardian

Address of Parent/Guardian

Relationship to Minor Candidate

Cell phone number of Parent/Guardian

Type of Governmental Issues Photo ID: _____
ID #: _____

Information about alternate contacts

Name of Alternate Emergency Contact

Relationship to Minor Candidate

Cell phone number