

# COPPA PARENTAL CONSENT FORM

## Notice to Parents

In compliance with the Children’s Online Privacy Protection Act (COPPA), parents (or legal guardians) of children under 13 years of age must consent to collections, uses and disclosures of the personal information of their children collected by the National Association of Secondary School Principals (NASSP) on NASSP’s websites, including [www.nhs.us](http://www.nhs.us), [www.njhs.us](http://www.njhs.us), [www.nehs.org](http://www.nehs.org), [www.natstuco.org](http://www.natstuco.org), [www.nassp.org](http://www.nassp.org), and <https://community.nassp.org/home> (referred as the “Website”). NASSP’s COPPA statement is incorporated in the website Privacy Policy here: <https://www.nassp.org/footer/privacy-policy>

NASSP may have collected your online contact information from your child, as well as the name of the child or the parent, in order to obtain your consent.

Your permission is required for the collection, use, or disclosure of your child’s personal information. We will not grant your child access to any NASSP website account unless you provide us with permission. NASSP website accounts provide access to NASSP content, materials, and resources relating to NASSP’s programs and activities, including information pertaining to the National Honor Society (“NHS”), National Junior Honor Society (“NJHS”), National Elementary Honor Society (“NEHS”), and National Student Council (“NatStuCo”).

## Verifiable Parental Consent

Please print this form, complete it, sign it, scan and email the signed form to [membership@nassp.org](mailto:membership@nassp.org), or mail it to us at NASSP, ATTN: Customer Care, 1904 Association Drive, Reston, VA 20191

Child’s full name: \_\_\_\_\_

Child’s email address: \_\_\_\_\_

Child’s date of birth (Month/Date/Year): \_\_\_\_\_

School name (required): \_\_\_\_\_

School zip code (required): \_\_\_\_\_

Program Affiliation:  NHS  NJHS  NatStuCo  NEHS

By signing and returning this form to NASSP, you certify that you consent to the collection, use and/or disclosure of your child’s personal information as described in NASSP’s privacy policy.

Your full name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Your email address: \_\_\_\_\_

Your full mailing address: \_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

You may revoke your consent at any time to refuse further collection and use of your child’s information. If you desire to revoke this consent, please write down your revocation of consent and scan and email the signed form to [membership@nassp.org](mailto:membership@nassp.org), or mail it to us at NASSP, 1904 Association Drive, Reston, VA 20191.

