



If you are a parent or a legal guardian of a MySciLife user under the age of 13, and would like to request that your child's Personal Information be updated or deleted, or if you'd like to refuse further contact with your child by MySciLife, please contact us at myscilife@sfinc.org. A student's participation in our Services, and the ability of a student to access the Services, will not be conditioned on that student providing more Children's Personal Information than is reasonably necessary for that participation or access. We will respond to a request made pursuant to this section within a reasonable timeframe.

We will retain your child's Children's Personal Information for as long as their account is active or as long as needed to provide them the Services; we also may retain and use your child's information as we deem it necessary to comply with our legal obligations, resolve disputes, and to enforce our agreements. If you wish to cancel your child's account or request that we no longer use your child's information to provide you services contact us at myscilife@sfinc.org or contact their school directly. If you wish to have your information deleted and no longer used, you must contact your child's school directly.

MySciLife is a free project that will always be free for teachers and students. This project is funded by grants and internal funding from the non-profit, The Source for Learning, Inc. (www.sourceforlearning.org); 12355 Sunrise Valley Dr. – Suite 625; Reston, VA 20191.

You can provide verifiable parental consent to the collection, use, and disclosure of the information by signing the permission slip below. Please be sure to indicate your agreement to the specific areas of the consent form by initialing next to each option. To disagree with an option, write "NO."

We will delete your child's Children's Personal Information from our records if you do not provide consent within a reasonable time from the date the direct notice was sent.



MySciLife® Parent Permission Slip

Student Name: _____

School _____

**Please initial all items for which you grant permission
or indicate “NO” in the space at left, and sign at the bottom.**

_____ I give permission for my child to participate in the online, education-only social networking science activity known as MySciLife during the _____ school year, as directed by (Teacher) _____ as a supplemental science class activity. I understand that MySciLife uses an education-only, teacher-controlled, anonymous environment.

_____ I give permission for teacher moderated posts of my child’s MySciLife work (without individual identification) to be displayed within the password protected MySciLife space, accessible to students, teachers, and parents involved in the MySciLife project. I understand that other teachers involved with MySciLife can see my student’s science identity ONLY (no real names). I further understand that no outsider can see, contact, comment, or identify my child’s name or location from the work displayed in MySciLife.

I agree to all items initialed above and have indicated “NO” on items I do not approve (2 items total):

Parent Signature: _____ Date: _____

Home Address:

Phone: _____ Cell: _____ Email: _____