



Consent Form

The following test or courses are being offered to you by Educational Testing Service located in Princeton, NJ directly or through a subsidiary, an affiliate or a related third party ("ETS").

- 1) Interactive Learning Course – This is a multi-day course where you will participate in English Language Learning activities
- 2) This TOEFL® Primary™ English Learning Course – This is a multi-day course where you will participate in both learning activities and practice test.
- 3) This TOEFL® Primary™ tests. – The TOEFL Primary Reading & Listening Test will take approximately one hour to complete. . Additional information about the test will be provided by your school.

You agree that information about you, including your first and last name, student number, date of birth, region code, course level, number of years studying English, grade level, school name, demographic and background questions, and responses to questions ("Personal Information") will be collected during the test or course. Your name and other identifying information (first and last name, student number, date of birth) will be kept confidential and will not appear in any presentations or other publicly available materials, except that some of your Personal Information will appear on your score report. You agree that non-identifying information you provide (such as demographic and background information, and answers to test questions) and scores may be used for research, development and promotional purposes relating to the test or course.

You may request to review your personal identifying information by contacting:

Email: **janedoe@email.com** Phone: **123-456-789**

Comentado [VVM1]: Teléfono familiar

You agree to maintain the full confidentiality of all test questions and answers, specifically not to reproduce or disclose any test question or answer in whole or in part to any person or entity in any form.

I have read the above statement and understand and agree to these terms. I confirm that I am 18 years old or older. (If not, a parent or guardian must provide consent as well.)

I hereby expressly consent to permit Richmond and ETS to transfer my Personal Information, including my personal identifying information, into and out of the United States and other countries worldwide and to use such Personal Information for the purposes stated herein.

Name (please print) **Jane Alice Doe**

Signature Jane Doe Date **Month / Day / Year**

Comentado [VVM2]: Firma del Alumno

Comentado [VVM3]: Día en que se firma

For Course participants under 18 years old:

I have read the above statement and understand and agree to these terms.

I hereby expressly consent to permit Richmond and ETS to transfer Personal Information, including personal identifying information belonging to the above-named Course participant into and out of the United States and other countries worldwide and to use such Personal Information for the purposes stated herein.

Name of Parent/Guardian (please print) **John Doe**

Signature John Doe Date **Month / Day / Year**

Comentado [VVM4]: Nombre del papá

Comentado [VVM5]: Firma del papá

Comentado [VVM6]: Día en que fue se firma