Place on Letterhead of the School or District

Dear Parent(s),

Our class would like to use moozoom, an online real-world video platform that helps students developed social and emotional skills that will help them better manager their emotions and become more available to learn. Before using this tool, we wanted to make you aware of federal regulations that apply to operators of websites and require parental consent when they collect information on children under 13, as described below.

In order for students to use participate in using moozoom, certain personal information must be provided to the web site operator. Under the Children’s Online Privacy Protection Act (COPPA), these websites must provide parental notification and obtain parental consent before collecting personal information from children under the age of 13. For more information on COPPA, please visit <https://www.ftc.gov/tips-advice/business-center/privacy-and-security/children%27s-privacy.>

Schools are permitted to collect consent forms from parents of students, thereby eliminating the need for individual parental consent given directly to the web site operator. We are therefore providing you with this consent form.

Please take a moment to look at the website we will be using: (<http://www.moozoomapp.com>) as well as what personal information the site collects: (http://www.moozoomapp.com/privacy-policy/). (URL)

After reviewing this site, if you would NOT like your child to participate in using moozoom, please return this form having checked either “Opt-In” or “Opt-Out” at the bottom.

We would like to begin using moozoom before \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, so please return the form via your child or by email before then.

Sincerely,

(Teacher Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Teacher Phone Number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Teacher Email) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OPT-IN \_\_\_

OPT-OUT \_\_\_

Parent/Guardian Name (PLEASE PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_