



FINGERPRINT PERMISSION FORM



Forensic Science Class-----Edsel Ford High School

Dear Parent/Guardian,

Your student is currently enrolled in Forensic Science. As part of this class, your student will be taking his/her fingerprints. The purpose of this activity is to learn to classify fingerprints and to be able to match a single print to its owner. The fingerprints will not be used for any purpose against your child. Any collected fingerprints will be destroyed or returned to the student at the conclusion of the fingerprinting activities. **Students will not be able to participate in this activity without your permission.** If you choose not to sign this permission form, an alternative assignment will be given. If you have any questions regarding fingerprinting, or the fingerprinting activities, please feel free to contact me.

Michelle Wachholz

Email: wachhom@dearbornschools.org

Voicemail: (313) 827-7656

Students: Please return this entire sheet to Mrs. Wachholz or you will not be able to roll your fingerprints!

Parents: Please fill out the following portion and return it to your student.

I, _____ give my child, _____
(please print parent name) (please print student name)

permission to take his/her fingerprints in Forensic Science class. I understand that this is for a science activity only and will not be used by any law enforcement agency.

Parent Signature: _____

Date: _____

