

Online Proctoring Software Consent Form for Minor Students

Wright State University students may have enrolled in classes where the instructor has decided to use online proctoring software and services (e.g. Respondus LockDown Browser) for monitoring student assessments. In accordance with University Policy 2360, students under the age of (18) eighteen will not be monitored/recorded without the written consent of their parent or guardian. Faculty will schedule minor students for optional assessments automatically if no parental consent form has been received by the University. An optional assessment may require the student to come to campus.

Please return completed form to:

Office of the Registrar - Wright State University
By email: wsu-registrar@wright.edu or Fax: 937-775-5597
Mail: 248 Medical Sciences, 3640 Colonel Glenn Hwy, Dayton, OH 45435

By signing below, I consent to my child using online proctoring software and services at Wright State University. I understand that assignments and tests in some of my child’s classes may be proctored electronically using online proctoring software and services. I further understand that these online proctoring software and services protect against academic integrity violations and that the proctoring software and services monitors, and in some cases records or analyzes, activity on my child’s computer screen, their internet activity, and/or webcam/microphone and that monitoring is only active during an assessment.

I agree that this consent will be valid for any and all Wright State University classes that my child enrolls in that use online proctoring software and services.

I understand that I may revoke this consent at any time by notifying the Wright State University Registrar’s Office and my child’s current instructors, in writing, that I revoke this consent form.

I further understand and agree that once my child turns 18 years of age, this consent form will expire and at that time my child will then have the authority to opt-out of using online proctoring software and services in accordance with University Policy 2360, if they so wish.

By signing below, I acknowledge that I have read the above and agree to grant my consent:

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

Student Name: _____

Student UID: U _____