



REPUBLIC OF CYPRUS
**MINISTRY OF EDUCATION
 SPORT AND YOUTH**

**EDUCATIONAL PSYCHOLOGY
 SERVICE**

CONSENT OF PARENT / LEGAL GUARDIAN FOR EDUCATIONAL PSYCHOLOGICAL INVOLVEMENT

Name of child/adolescent:

Name of School:

Date of birth:

Father/Legal Guardian Name

Mother/Legal Guardian Name

Contact Details of Father/Guardian

Contact Details of Mother/Guardian

Address:

We, parents/ legal guardians, have been informed about the General Data Protection Regulation Privacy Policy of the Educational Psychology Service of the Ministry of Education, Sport and Youth, through the Educational Psychology Service webpage and/or our child's school.

We consent for Educational Psychologist's involvement and disclosure of private information to school, government services and other professionals, as stated on page three (3) and four (4) of the GDPR Private Policy of the Educational Psychology Service.

| Name | Relationship to child/adolescent | Signature | Date |
|------|----------------------------------|-----------|------|
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Official use only

EPS File Number: