

**PCAT Candidate  
Parent or Legal Guardian Consent Form**

I am the parent or legal guardian of \_\_\_\_\_ (please print) (the "PCAT Candidate") and I understand that my permission and authorization is required for the collection, use, and disclosure of the PCAT Candidate's personal information by Pharmacy College Admission Test ® ("PCAT").

I understand and acknowledge that all individuals, including the PCAT Candidate, planning to take a PCAT exam are required to:

- A. Provide to PCAT personal information, such as his or her first and last name, street address, and email address ("Candidate Information"); and
- B. Agree to all of the terms and conditions on the PCAT website at [tpc-etesting.com/PCAT](http://tpc-etesting.com/PCAT) and in PCAT's test registration and delivery system and that these terms and conditions are legally binding.

In my capacity as the parent/legal guardian of the PCAT Candidate, I hereby understand, agree, authorize, and provide my consent as the case may be:

1. To allow the PCAT Candidate to take or retake any PCAT exam(s);
2. That I have had an opportunity to review the PCAT terms and conditions and privacy policy available at [tpc-etesting.com/PCAT](http://tpc-etesting.com/PCAT), including, but not limited to testing; privacy policies; and the collection, processing, use and transmission to the United States of the PCAT Candidate's personally identifiable information that I and the PCAT Candidate understand and agree to abide by these terms and conditions and policies;
3. For the retention and disclosure of any of the PCAT Candidate's personal information to PCAT, its authorized third parties and service providers, schools of pharmacy, and others as may be necessary to prevent unlawful activities or as required by law; and
4. That the PCAT Candidate and I will comply with any of the PCAT testing rules and procedures as applicable.

In my capacity as the parent/legal guardian of the PCAT Candidate, I hereby provide my consent to PCAT to release Candidate Information to schools of pharmacy and other scholarships organizations who wish to purchase this information from PCAT in order to provide you with information regarding their school or scholarship program(s).

I, the undersigned, certify that I am the parent or legal guardian of the child/legal ward (named above) and that I have the right to make decisions for my child/legal ward that effect his/her well-being.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE TERMS OF THIS AGREEMENT, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

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**Printed Name of Parent/Legal Guardian**

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**Signature of Parent/Legal Guardian**

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**Date (MM/DD/YYYY)**