Pangasinan State University
ICT Management Office
Official Website: www.psu.edu.ph Email address: dataprivacy@psu.edu.ph

DATA PRIVACY CONSENT FORM

I, _____ the undersigned is fully aware that Pangasinan State University (PangSU) is committed to protect the privacy rights of individuals on personal information pursuant to the provisions of Republic Act No. 10173 or the Data Privacy Act of 2012, its Implementing Rules and Regulations and other relevant policies, including issuances of the National Privacy Commission and applicable laws and regulations relating to privacy and data protection.

I am an employee of this University:
- ☐ Faculty
- ☐ Non-Academic Staff

I am a graduate of this University:
- ☐ Bachelor Program
- ☐ Graduate Program

I am a student of this University:
- ☐ Undergraduate
  - ☐ Filipino Student
  - ☐ Foreign Student
- ☐ Graduate
  - ☐ Filipino Student
  - ☐ Foreign Student

I understand that personal information includes any information about my identity, academics, medical conditions, or any documents containing my identity. This includes but not limited to my name, address, names of my parents or guardians, date of birth, grades, attendance, disciplinary records, and other information necessary for basic administration, instruction and research, and that the same cannot be disclosed without my consent. However, I also do understand that the information collected and processed may be released by PangSU to pursue its lawful mandate in adherence to the principles of transparency, legitimate purpose and proportionality and may share the same to affiliated or partner organization as part of its contractual obligations, or with government agencies pursuant to the law or other legal processes.

In this regard, I do hereby give my consent to Pangasinan State University, to collect, process, use and share my personal data in the pursuit of its legitimate interests as an educational institution and my authorized representative, to access, verify, examine and/or inspect my personal information.

Finally, should I commit any misconduct, or should there be a complaint filed against me by reason of violation of any laws, rules, ordinances and policies, I hereby authorize and give my full consent in favor of the University to inform me and my authorized representative.

I agree to sign and date this consent form.

Conformes:

_____	_____	_____
Employee/Student	Signature	Date

Noted:

_____	_____	_____
Data Privacy Officer (DPO)	Signature	Date