OFFICE OF THE VICE CHANCELLOR FOR STUDENT AFFAIRS
UNIVERSITY OF THE PHILIPPINES LOS BAÑOS
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UPLB Office of Scholarships and Grants
Revised 26 June 2023

DATA PRIVACY CONSENT FORM

The undersigned is an applicant to the Student and Graduate Assistantship Program, and gives permission to the UPLB-OSG-SAGA staff, in charge of the Student and Graduate Assistantship Program in the collection, lawful use and disclosure of my personal information which may include my student number, name, contact information, course, academic performance (e.g., number of units enrolled etc.)

I, further confirm that the UPLB-OSG-SAGA and other appropriate offices in the University are authorized to provide the above information to legitimate officers/ institutions requesting specific information in relation to my application to the student assistantship program within the specified academic period.

This consent enables the UPLB-OSG-SAGA to comply with R.A. 10173, otherwise known as the Data Privacy Act of2012. "I certify that the information given above is true and correct".

I consent to the processing of my personal information contained in this form and in documents submitted for my student assistantship application for the purpose of enabling the University of the Philippines System including allthe relevant System and Constituent University Offices to verify my identity, prevent fraud, process my application, determine whether I am qualified to avail of similar financial or other assistance, conduct or research using non identifiable information in order to study the effectiveness of the university's other financial assistance programs and assess how to improve the systems for the selection and execution of student assistantship programs.

I further expressly agree that the concerned System and/or CU office may directly detain all my relevant student records whether in electronic or paper-based format to verify the information contained in my application for the purpose of determining my eligibility for the student assistantship or other financial assistance from the relevant UP Registrar, disciplinary board or tribunal and other University offices.

I expressly authorize the University to provide information required by the student assistantship program and UPLB-OSG-SAGA for the purpose of enabling to determine whether to continue to provide financial andother assistance with the assurance that the University will require to observe strict compliance with the Philippine Data Privacy Act and other related laws and issuances when they process my personal and sensitive personal information.

I understand that the University of the Philippines including System and CU offices are authorized to process my personal and sensitive personal information without need of my consent pursuant to the relevant portions of section 4.12 and 13 of the Philippine Data Privacy Act.

_____
Signature over Printed Name of SAGA

Applicant Date: _____

IF THE STUDENT IS A MINOR:

_____
Signature over Printed Name of

Parent/Guardian Date: _____