

DATA PRIVACY CONSENT

This is to provide consent to the **College of Engineering and Agro-Industrial Technology** and its units such as, but not limited to, the **Dean's Office** and the **Office of the College Secretary**, to release the following information as instructed.

Please indicate your agreement to the following statements.

	Yes	No
1. I allow CEAT to disclose my academic records such as registration details, grades, scholastic standing, and other similar information to my parents / guardian / immediate family members when they make inquiry during personal visits, verified phone calls and/or electronic mail.		
2. I allow CEAT to give my personal information such as UP email address, home address, and contact number to honor societies, potential employers and other organization, whenever applicable.		
3. I allow CEAT to post my name in bulletin boards and online platforms that is related to honorific listing and/or scholarships, whenever applicable.		
4. I give my consent to CEAT OCS to submit any academic matters as requested by other UPLB units. (OSA, OUR, OVCAA, etc.)		
5. I consent CEAT OCS to contact my parents/guardian/immediate family members in cases of emergencies (both medical and non-medical).		

Name of contact person in case of emergency: _____

Contact number: _____

Should you wish to change any response to this form, please visit CEAT OCS to accomplish another form.

Signature over Printed Name of Student

Date

Student Number

Program