

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.		

I hereby give my consent to CEAT OCS to submit any academic matters as requested by other UPLB units. (OSA, OUR, OVCAA, etc.) and;

I hereby give my 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: _____

I have read and agreed to all of the provisions of the University of the Philippines' Privacy Notice for Students. I certify that all information given are correct.

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