

REQUEST FORM

Date: _____

Student No.: _____

Strand/Program: _____

Name: _____

Semester: _____ AY: _____

Address: _____

Contact. #: _____ Email Address: _____

Please check the box being requested from the Accounting Office.

- 2nd copy of Special Permit (If the original receipt/special permit is lost)
- Certificate of: Assessment Full Payment Partial Payment (*3 working days of processing)
 Certificate Only with Certified True Copy (*w/ additional PhP85.00)
- Refund (*15 working days of processing)

Reason for the request: _____

Signature of the Student: _____

For Cashier only:

Teller: _____

Date: _____

OR#: _____

Amount: _____

For Refund Request:

Please choose on the following options for your mode of refund:

- Check** (In case it got stale or cheque replacement is needed, there will be Php100.00 processing fee.)
- Bank Deposit** BPI BDO
 Account Number: _____
- Money Transfer** Maya GCash (maximum of 2,000.00)
 Mobile/Account Number _____

Note: For Bank Deposit and Money Transfer, only accounts under the student's name will be accepted. BDO Kabayan Savings Account is not applicable. Kindly provide a proof of account details for verification purposes. (Example: Validated Deposit slip, Screenshot of Paymaya/GCash account, etc.)

For Accounting Only

Date of Filing: _____

Received By: _____

Date of Release: _____

(Signature & Date)

DATA PRIVACY CONSENT

I hereby declare that by signing:

1. I attest that the information I have written is true and correct to the best of my knowledge;
2. I signify my consent to the collection, use, recording, storing, organizing, consolidation, updating, processing, access to transfer, disclosure or data sharing of my personal and sensitive personal information that I provided to LPU-B for the purposes stated above and such other lawful purposes I consent to or as required or permitted by law;
3. I understand that upon this digital request and subject to designated office hours of the LPU-B, I will be provided with thereasonableaccess to my personal information provided to LPU-B to verify the accuracy and completeness of my information and request for its amendment, if deemed appropriate, and;
4. I am fully aware that the consent or permission I am giving in favor of LPU-B shall be effective immediately upon submitting this form and shall continue unless I revoke the same in writing. Upon receipt of written revocation, LPU-B shall immediately cease from performing the acts mentioned under paragraph 2 herein concerning my personal.

For data privacy concerns and inquiries, you may contact us through: The Data Protection Officer Lyceum of the Philippines University Capitol Site, Batangas City.; Tel. No. (043) 723-0706 loc. 165; Email: privacy@lpubatangas.edu.ph.

 Signature over printed name

Date: _____