

**CLEARANCE FORM**

Student Number: \_\_\_\_\_ Program: \_\_\_\_\_ Last Term of Attendance: \_\_\_\_\_  
Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Reason: \_\_\_\_\_

- 1) Dean (*respective College Dept. Office*) / Principal (*HS Department*) \_\_\_\_\_
- 2) Counseling and Testing Center (**Only for those students who will transfer**)  
(*Main-SHL Bldg., Rm. 102 / Riverside-SHL Bldg., Ground Floor / LIMA-4<sup>th</sup> Floor*) \_\_\_\_\_
- 3) SHL Learning Resource Center  
(*Main -SHL Bldg. 3<sup>rd</sup> Floor / Riverside-SHL Bldg. 3<sup>rd</sup> Floor /LIMA- 4<sup>th</sup> Floor*) \_\_\_\_\_
- 4) Alumni & Placement Office  
(*Main-SHL Bldg., Rm. 108*) (**for Alumni only**) \_\_\_\_\_
- 5) Office of the Student Affairs  
(*Main-JPL Bldg., 2<sup>nd</sup> Floor / Riverside-SHL Bldg., Ground Floor / LIMA-2nd Floor*) \_\_\_\_\_
- 6) Accounting Office  
(*Main-JPL Bldg., Ground Floor / Riverside-SHL Bldg., Ground Floor / LIMA-Ground Floor*) \_\_\_\_\_
- 7) Registrar's Office  
(*Main-JPL Bldg., Ground Floor / Riverside-SHL Bldg., Ground Floor / LIMA-Ground Floor*) \_\_\_\_\_

**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 personal 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 including its sister schools/ universities, industry partners, affiliates, external providers, local and foreign authorities regardless of their location and/or registration for the purposes for which it was collected and such other lawful purposes I consent to or as required or permitted by law.
3. I understand that upon my written request and subject to designated office hours of the LPU-B, I will be provided with the reasonable access 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 signing of this form and shall continue unless I revoke the same in writing. Sixty working days upon receipt of the written revocation, LPU-B shall immediately cease from performing the acts mentioned under paragraph 2 herein concerning my personal and sensitive personal information.

\*For any 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](mailto:privacy@lpubatangas.edu.ph)

\_\_\_\_\_  
Signature over printed name

\_\_\_\_\_  
Date

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