

REQUEST FOR CORRECTION OF NAME/DATE OF BIRTH

STUDENT NUMBER:		COURSE/YEAR/STRAND:		
NAME:	CONTACT	NUMBER:		
ADDRESS:				
NATURE OF CORRECTION:				
DOCUMENTS SUBMITTED FOR VERIFICATION:		Signa	Signature	
Personal Request				
2. Certification of Live	Birth authenticated by PSA			
3. Affidavit of 2 disinte	•			
		Approved by:		
GERALDINE D. DE ERIT University Registrar				
	DATA PRIVACY CO	DNSENT		
I hereby declare that by signing: 1. I attest that the information I have written is true and 2. I signify my consent to the collection, use, recording sensitive, personal information that I provided to LF regardless of their location and/or registration for the p. 3. I understand that upon my written request and subject LPU-B to verify the accuracy and completeness of the Information I amount of the world present of the written receipt of the written personal and sensitive personal information.	ig, storing, organizing, consolidation, updated including its sister schools/ universi urposes for which it was collected and suchect to designated office hours of the LPU-B information and request for its amendmen giving in favor of LPU-B shall be effective	ting, processing, access to transfer, disclosu ties, industry partners, affiliates, external p n other lawful purposes I consent to or as req B, I will be provided with the reasonable accesent, if deemed appropriate, and; is immediately upon signing of this form and s	roviders, local and foreign authorities uired or permitted by law. ss to my personal information provided thall continue unless I revoke the same	
Signature c	over printed name	Date		
			FM-LPU-REGO-28/06	
EXCEUM OF THE PHILIPPINES UNIVERSITY BATANGAS				
REQUEST I	FOR CORRECTION	OF NAME/DATE OF	BIRTH	
STUDENT NUMBER:	COURSE	/YFAR/STRAND:		
	NAME:CONTACT NUMBER:			
ADDRESS:				
NATURE OF CORRECTION:				
DOCUMENTS SUBMITTED FOR VERIFICATION:		Signature		
1. Personal Request				
2. Certification of Live	Birth authenticated by PSA			
3. Affidavit of 2 disinte	rested persons			
		Approved by:		
		GERALDINE D. I University Reg		
	DATA PRIVACY CO	DNSENT		

I hereby declare that by signing:

Signature over printed name

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 LPIL BL to confirm and the provided with the reasonable access to my personal information provided

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.

Date