



REQUEST FOR CORRECTION OF NAME/DATE OF BIRTH

STUDENT NUMBER: _____ COURSE/YEAR/STRAND: _____
NAME: _____ CONTACT NUMBER: _____
ADDRESS: _____
NATURE OF CORRECTION: _____

Signature

DOCUMENTS SUBMITTED FOR VERIFICATION:

- _____ 1. Personal Request
- _____ 2. Certification of Live Birth authenticated by PSA
- _____ 3. Affidavit of 2 disinterested persons

Approved by:

GERALDINE D. DE ERIT
University Registrar

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.

Signature over printed name

Date



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