

REQUEST FOR SECOND COPY OF DIPLOMA

Name

Date of Graduation

Reason

Program

(MonthDayYear)

Special Order No.

Series

Date

Accreditation Level

Date

APPROVED:

Requirements:

OIC-Registrar

Payment made: (To be filled up by the Cashier)

Amount:

OR No.

Date

Signature of Applicant

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

Signature over printed name

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