

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-2nd Floor)

3) SHL Learning Resource Center

(Main -SHL Bldg. 3rd Floor / Riverside-SHL Bldg. 3rd Floor /LIMA- 4th Floor)

4) Alumni & Placement Office

(Main-SHL Bldg., Rm. 108) (**for Alumni only**)

5) Office of the Student Affairs

(Main-JPL Bldg., 2nd 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

Signature over printed name

Date

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