



UNIVERSITY OF THE PHILIPPINES DILIMAN


Office of the University Registrar

Phone 981-8500 ext. 4551, 4552, 4553 / 927-6084 * P.O. Box 161, Diliman, QC 1101 * email: our@upd.edu.ph

07 May 2018

OUR Memorandum No. MTTP 2018-10

To: College Secretaries & Graduate Program Coordinators

From: 
MA. THERESA T. PAYONGAYONG, PhD
University Registrar

Subject: Data Privacy Consent Form

As suggested by the UP System Data Protection Officer, Atty. Marcia Ruth Gabriela Fernandez and UP Diliman Data Protection Officer, Atty. Elson Manahan, may we request the College Secretaries and Graduate Program Coordinators to ask their candidates for graduation to sign the attached data privacy consent form?

Thank you.

cc: College Deans
OVCAA
OVCSA

Admission & Registration ext. 4555, 4556, 4564 / admission.our@upd.edu.ph * ARS-CRS Support ext. 4560
Transcript ext. 4561, 4562 / 927-3422 / transcript@upd.edu.ph * Records ext. 4559, 4563 / records.our@upd.edu.ph
Publications & UC Secretariat ex. 4554, 4558 / uc.secretariat.upd@gmail.com / pucss.our@upd.edu.ph

**OFFICE OF THE UNIVERSITY REGISTRAR
UNIVERSITY OF THE PHILIPPINES DILIMAN**

DATA PRIVACY CONSENT FORM

In the event my graduation is approved by the University's Board of Regents upon the recommendation of the proper University bodies, I am allowing the University of the Philippines Diliman to publish my name and the latest degree that I earned including any honors received, (as well as any previous degrees earned), in the program to be distributed during the commencement exercises. I understand that the University is seeking my consent as the graduation program may be accessed by members of the public.

I further confirm that the University, through the UP System Office of Alumni Relations (OAR) and other appropriate offices are authorized to provide my name, degree(s) and honor(s) earned, contact information as well as such other personal information that will enable my identity to be verified, to the University of the Philippines Alumni Association and its chapters so as to enable the University to comply with R.A. 9500.

Signature Over Printed Name of Student

Date Signed: _____

**OFFICE OF THE UNIVERSITY REGISTRAR
UNIVERSITY OF THE PHILIPPINES DILIMAN**

DATA PRIVACY CONSENT FORM

In the event my graduation is approved by the University's Board of Regents upon the recommendation of the proper University bodies, I am allowing the University of the Philippines Diliman to publish my name and the latest degree that I earned including any honors received, (as well as any previous degrees earned), in the program to be distributed during the commencement exercises. I understand that the University is seeking my consent as the graduation program may be accessed by members of the public.

I further confirm that the University, through the UP System Office of Alumni Relations (OAR) and other appropriate offices are authorized to provide my name, degree(s) and honor(s) earned, contact information as well as such other personal information that will enable my identity to be verified, to the University of the Philippines Alumni Association and its chapters so as to enable the University to comply with R.A. 9500.

Signature Over Printed Name of Student

Date Signed: _____