



## STUDENT CONSENT FORM

In accordance with RA 10173 or Data Privacy Act of 2012, I give my **consent** to the following terms and conditions on the collection, use, processing and disclosure of my personal data:


1. I am aware that as a student of FEU Institute of Technology (FEU Tech), FEU Tech will collect and store my personal data through its online databases such as personal information, academic records, financial accounts, health records, faculty evaluation, extra-curricular activities and other systems and facilities usage logs during my entire study with the Institute, as well as during surveys done by different academic offices and student organizations. These data include, among others, my demographic profile, ID picture, contact details, medical and dental records, and academic credentials.
2. I agree to personally update these data as needed through the different departments or student service units.
3. Towards the efficient management of my school records and a meaningful campus experience, I authorize FEU Tech to manage my data for the following purposes:
  - a. Storage and retrieval of personal data especially my grades as reference document for enrollment;
  - b. Process my data for research, policy formulation, enrollment statistics, and improvement of student services as long as my identity is kept anonymous;
  - c. Dissemination of university policies, updates, and other information from FEU Tech's offices, student organizations, its industry partners and government agencies;
  - d. Coordination between and among FEU Tech offices for:
    - i. intervention programs such as guidance counseling, fact-finding in discipline cases, health advices and prescriptions, etc.;
    - ii. deliberation and processing of enrollment concerns (e.g., selective retention policy) together with FEU Tech's third party service provider;
    - iii. transactions related to the completion of the degree program's curriculum;
    - iv. emergency situations that concern the life and health of the data subject, medical treatment, and other exemptions enumerated by law;
  - e. Data sharing with accredited industry partners for internship and employment opportunities including background checks including but not limited to name, degree and year of completion;
  - f. Response to inquiries of parents or guardians related to my enrollment, year-level status, or grades upon submission of a request letter or email together with a photocopy of valid ID as attachment;
    - i. The names of my parents or guardians who are authorized to access my personal data are the following:  
 Name: \_\_\_\_\_ Contact no. \_\_\_\_\_ Email Add: \_\_\_\_\_  
 Name: \_\_\_\_\_ Contact no. \_\_\_\_\_ Email Add: \_\_\_\_\_
4. To ensure the protection of my rights as a data subject, I understand that FEU Tech shall warrant to me the following rights:
  - a. Have access to my personal data, written description of how my information is used;
  - b. Receive notices on changes in the above-cited purposes for my data processing or personal data breaches provided for in Section 38 of the Data Privacy Act's Implementing Guidelines;
  - c. Upon submission of a notarized letter of request, erase my personal data due to unauthorized processing or when information is prejudicial to me;
  - d. Be compensated due to suffered damages arising from inaccurate, incomplete, outdated, false, unlawfully obtained, unauthorized release or unauthorized use of personal data;
  - e. Rectify errors or inaccuracies in my personal data upon submission of necessary documents;
  - f. Obtain and electronically move, copy or transfer my data in a secure manner, for further use, after payment of reasonable administrative processing fee.
  - g. Unsubscribe from database or any mailing list for employment or internship opportunities upon completion of the *Form to Opt Out* or message us at [dataprivacy@feutech.edu.ph](mailto:dataprivacy@feutech.edu.ph).


I warrant that I have read, understood all of the above provisions, and agreed with its full implementation and certify that provided information is correct.

  
 \_\_\_\_\_  
 Printed Name and Signature of Student / Date

Email Add:

Student No:

With my conformity:   
 \_\_\_\_\_  
 Printed Name and Signature of Parent or Guardian / Date

 **REPUBLIC OF THE PHILIPPINES**  
**DEPARTMENT OF TRANSPORTATION**  
**LAND TRANSPORTATION OFFICE**  
**NON-PROFESSIONAL DRIVER'S LICENSE** 

  
2019/05/29

Last Name, First Name, Middle Name  
**BAGUYO, KLARIE IDNANI**

Nationality	Sex	Date of Birth	Weight (kg)	Height(m)
PHL	F	1973/01/12	94	1.67

Address  
**2 C ST JOSEPH ST BRGY HOLY SPIRIT QUEZON CITY**

License No.	Expiration Date	Agency Code
<b>N25-19-017588</b>	<b>2024/01/12</b>	<b>N25</b>

Blood Type	Eyes Color
-	<b>BLACK</b>

Restrictions	Conditions
<b>2</b>	<b>NONE</b>

Signature of Licensee 

  
**EDGAR C. GALVANTE**  
Assistant Secretary

**Relationship: Mother**