**Filing for Student Organization Accreditation**

**Consent Form**

**Introduction**

This consent form is intended for student organizations who wish to apply for Student Organization accreditation. By signing this form, applicants acknowledge their understanding of how their personal data will be processed and agree to participate in the accreditation process.

**Applicant Information**

1. **Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Course/Program**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Student ID Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **KLD Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **Contact Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Data Subject Consent**

I, the undersigned, hereby declare my intention to run for a position on the Student Council. I understand and consent to the following regarding the processing of my personal data:

* **Personal Data Collected**. The school will collect the personal data provided in this form and from the Student Organization Accreditation Application (KLD-01-05-F008), including name, student ID, year and section, email address, contact information, adviser’s profile, and any other information submitted as part of my application.
* **Purpose of Processing**. My personal data will be processed for the legitimate purpose of student organization accreditation, including verifying eligibility, communicating with applicants.
* **Data Retention**. If approved, my personal data may be retained for the duration of my term in the student organization. If not approved, my data will be securely disposed of within 3 months of the application.
* **Data Sharing**. My personal data may be shared with school administrators, teachers, and students for the purpose of the application. It will not be shared with any third parties outside the school community.
* **Data Subject Rights**. I understand I have the right to access, correct, and delete my personal data, as well as withdraw this consent at any time by contacting the school administration. However, withdrawing consent may impact my ability to run for student council.

**Parent/Guardian Consent (if applicable)**

If the candidate is under 18 years of age, a parent or guardian must also provide consent.

1. **Parent/Guardian Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Relationship to Candidate**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Contact Information**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I, the undersigned, give my consent for my child to apply as officer on the Student Organization and agree to the processing of their personal data as outlined above.**

**Parent/Guardian Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgment**

By signing below, I confirm that I have read, understood, and agree to the terms of this consent form. I acknowledge my rights as a data subject and consent to the processing of my personal data for the purpose of the student council election.

**President/Authorized Representative**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_