 Tarlac State University

 Quality Management System Unit

**Document Request Form**

Reference No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client/Requestor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office/Unit/College/Visitor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address *(for soft copy):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel/Mobile No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Document(s) Requested:

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Purpose(s):

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*I am fully aware that the Tarlac State University (TSU) is bound and obligated to adhere to the R.A. 10173, otherwise known as Data Privacy Act of 2012 and its Implementing Rules and Regulations (IRR) which was put into effect last September 8, 2016. This law aims to protect all my personal and sensitive information that the Quality Management System Unit will collect, process, and retain upon my disclosure.*

*By signing below, I hereby allow TSU to collect, process, use and share my personal data in the pursuit of its legitimate interests as an educational institution, to access, verify, examine and/or inspect my personal information.*

*Should I commit any misconduct, or should there be a complaint filed against me by reason of violation of any laws, rules, ordinances and policies, I hereby authorize and give my full consent in favor of the University to inform me.*

*I hereby certify that the information provided above are true and correct based on my knowledge.*

Requested by: Noted by: (for TSU personnel only)

Client/Requestor Immediate Supervisor

Action taken: *(to be filled up by QMSU)*

Prepared by:

QMSU Staff/DCO

 Tarlac State University

 Quality Management System Unit

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Prepared by:

QMSU Staff/DCO

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| TSU-QMS-SF-10 | Revision No.: 01 | Effectivity Date:June 18, 2021 | Page 1 of 1 |

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| TSU-QMS-SF-10 | Revision No.: 01 | Effectivity Date:June 18, 2021 | Page 1 of 1 |