

J. H. CERILLES STATE COLLEGE

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STUDENT CONSENT FORM FOR THE PROCESSING, RELEASE AND RETENTION OF PERSONAL INFORMATION

OF PERSONAL INFORMATION
I,, am fully aware that J.H. Cerilles State College (JHCSC) or its
designated representative is duty bound and obligated under the Data Privacy Act of 2012 to protect all my personal and sensitive information that it collects, processes, and retains upon my enrolment and during my stay in the College.
Student personal information includes any information about my <u>identity</u> , <u>academics</u> , <u>medical conditions</u> , or <u>any documents containing my identity</u> . This includes but not limited to my <u>name</u> , <u>address</u> , <u>names of my parents or guardians</u> , <u>date of birth</u> , <u>grades</u> , <u>attendance</u> , <u>disciplinary records</u> , and <u>other information necessary for basic administration and instruction</u> .
I understand that my personal information cannot be disclosed without my consent or after the consent of my parent/s or guardian/s being a minor of age. I understand that the information that was collected and processed relates to my enrolment and to be used by JHCSC to pursue its legitimate interests as an educational institution. Likewise, I am fully aware that JHCSC may share such information to affiliated or partner organizations as part of its contractual obligations, or with government agencies pursuant to law or legal processes. In this regard, I hereby allow JHCSC to collect, process, use and share my personal data in the pursuit of its legitimate interests as an educational institution.
Finally, should I commit any misconduct or should there be a complaint filed against me, before the Student Affairs Office (SAO) or Student Disciplinary Board (SDB) by reason of violation of the provisions of the Student Manual or any laws or ordinances, I hereby authorize and give my full consent in favor of the College to inform my parents, guardian, representative or whoever person is in charge of providing care or custody forme.
I hereby give my consent for the processing, release, and retention of personal information.
Student's Signature over Printed Name

" Quality Education for Service"