



ACKNOWLEDGEMENT RECEIPT

Data Privacy Consent:

In submitting this form, I agree to my details being used and accessed only by the Research Department Staff for Institutional Research Program/Unit. I understand that my personal data (in hard copy) will be held securely, filed properly, and kept in secure location of the department and my personal data (in soft copy) will be shared in Google Drive and only the RD Staff have the access to view and download it. This information may be shared through Accrediting Organization (PACUCOA, ISO, etc.) and will not be distributed to third parties.

I further understand that I have the right to withdraw my consent at any time, without affecting the lawfulness of processing based on consent before its withdrawal. I also understand that when this information is no longer required for the stated purpose (annually), the department's procedure will be followed to dispose of my data.

I agree

I have received the amount Php _____ as payment from _____ for serving as the _____ for the Research Project titled _____.

PAYOR	PAYEE
<i>signature over printed name</i>	<i>signature over printed name</i>
Date:	Date:

