



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

I, _____, am fully aware that Tarlac State University (TSU) 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 employment and during my stay in the University.

Employee Personal Information (EPI) includes any information about an *employee's personal identity, academic records, medical conditions, or any documents containing his/her identity*. This includes but not limited to *name, address, date of birth, payroll, attendance, disciplinary records, and other information necessary for basic administration, instruction and research*.

I understand that my personal information cannot be disclosed without my consent. However, I also do understand that information collected and processed that is related to my employment may be used by TSU to pursue its lawful mandate; hence, this consent. By giving such consent, **I am fully aware that TSU may share such information to affiliated or partner organizations as part of its contractual, or with government agencies pursuant to the law or other legal processes.**

In this regard, **I do hereby allow TSU** to collect, process, use and share my personal data in the pursuit of its legitimate interests as an educational institution.

In addition, **I am likewise giving my consent/permission in favor of my authorized representative** to access, verify, examine and/or inspect my employment records in the University, the result of my medical examinations and all matters that relate to my status as an employee of the University.

Finally, should I commit any misconduct, or should there be a complaint filed against me by reason of violation of any law or ordinance, **I hereby authorize and give my full consent in favor of the University to inform my authorized representative.**

I hereby give my consent and agree to the above handling and processing of my personal information. In witness whereof, I have hereunto set my hand this _____ day of _____, 20____ at the Tarlac State University, Tarlac City, Philippines.

(Printed Name and Signature)