

Alumni Relations and Job Placement Office

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_Male \_\_\_\_\_\_\_\_\_\_ Female \_\_\_\_\_\_\_LGBQT

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Status:

* Employed

 Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Regular/ Permanent

 Probationary

 Contractual

 Self Employed

* Unemployed

Requirements: (*check if accomplished)*

* Graduate Tracer Study Form
* Proof of Employment *(if employed)*

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**SIGNING OF ALUMNI CLEARANCE**

Alumni Relations and Job Placement Office

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_

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Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SIGNING OF ALUMNI CLEARANCE**



Alumni Relations and Job Placement Office

**ALUMNI CONSENT FORM FOR THE COLLECTION, RELEASE AND RETENTION OF PERSONAL INFORMATION**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I am fully aware that the Mountain Province State Polytechnic College Alumni Relations and Job Placement Office and 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 signing of Alumni Forms and the Graduate Tracer Study Survey Form.
2. Alumni Personal Information includes any information about my identity, academics, employment and any documents containing my identity. This includes but not limited to my name, address, name of my parents, date of birth, contact number, employment status, exam ratings and any other information provided in the alumni forms and the graduate tracer study survey form.
3. I understand that my personal information cannot be disclosed without my consent. I understand that theinformation that was collected and processed relates to my being an alumna/ alumnus of the institutionand to be used by the MPSPC to pursue its legitimate interests as an educational institution. Likewise, I am fully aware that MPSPC 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,
4. I hereby allow the MPSPC Alumni Relations Office to collect, process, use and share my personal data in the pursuit of its legitimate interests as an educational institution subject to the policy of the Alumni Relations Office in their Release of Alumni Data.
5. Upon signing, I hereby give my consent for the processing, release and retention of my personal information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over Printed Name

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| --- |
| Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) *PLEASE INDICATE ID Number and Date of Issuance* |
| Government Issued ID:  |  |
| ID/License/Passport No.:  |  |
|
| Date/Place of Issuance: |  |
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