

DATA PRIVACY CONSENT

In compliance with Republic Act No. 10173 also known as the Philippine Data Privacy Act of 2012, and its Implementing Rules and Regulations (IRR) effective since September 8, 2016, I allow the SangguniangPanlalawigan of Misamis Occidental to use my personal information provided.

As such, I agree and authorize the SangguniangPanlalawigan to:

1. Share my information to the constituents of Misamis Occidental and necessary third parties for any legal purpose in the OfficialWebsite of the SangguniangPanlalawigan of Misamis Occidental and/or Official Facebook Page only.
2. Retain my information during my term as an Elective Official of the Sanggunian, or at such time that I submit a written cancellation of this consent, whichever is earlier. I agree that my information will be deleted/destroyed after this period.
3. Inform me of future updates using the personal information I shared with the Sanggunian.

I also acknowledge and warrant that I have acquired the consent from all parties relevant to this consent and hold free and harmless and indemnify the SangguniangPanlalawigan Website Committee from any complaint, suit, or damages which any party may file or claim in relation to my consent.

Signed this _____ day of _____, _____ at _____.

Signature over Printed Name

Should you have questions or concerns about this consent form, please contact or email us at sp_misocc@yahoo.com.

Kindly check [] appropriate box to indicate your consent.

- [] YES, I allow the SangguniangPanlalawigan of Misamis Occidental to use my personal information in the Official Website and/or Official Facebook Page only.
- [] NO, I do not allow SangguniangPanlalawigan of Misamis Occidental to use my personal information in the Official Website and/or Official Facebook Page.

Data Information For SP Website/SP Facebook

Full Name: _____
Last First Middle

Public Contact No.: _____ Public EmailAddress: _____

Public Service

Institution: _____ Year: _____

Address: _____

Job Title: _____

Institution: _____ Year: _____

Address: _____

Job Title: _____

Institution: _____ Year: _____

Address: _____

Job Title: _____

Institution: _____ Year: _____

Address: _____

Job Title: _____

Institution: _____ Year: _____

Address: _____

Job Title: _____

Institution: _____ Year: _____

Address: _____

Job Title: _____

Please use additional sheet if necessary.

Accomplishments / Awards

Quotations / Motto

Message for the Misamisnon

Signature over Printed Name