



Personal Information Rectification Form

Basic Information

| | |
|-----------------------------------|--|
| Name of the person Requesting: | |
| Personal Data you want corrected: | |

Details of Legal Representative of Minors

| | |
|----------------------------------|---|
| Name of Legal Representative: | |
| Document of Representation Used: | <i>(please attach a photocopy of the document used)</i> |

I wish to exercise my right to rectification, in accordance with Section 16 of R.A 10173 or the Data Privacy of 2012 and,

I hereby request:

1. The rectification of the following erroneous data concerning me

| | |
|----------------------|---|
| Erroneous Data: | |
| Correct Data: | <i>(please write in print for clarity)</i> |
| Certifying Document: | <i>(please attach a photocopy of the document used)</i> |

2. The said rectification be also reported to the following parties who previously received such processed personal data:

| | |
|---|--|
| <input type="checkbox"/> Registrar's Office <input type="checkbox"/> Integrated School Guidance Services Center <input type="checkbox"/> Senior High School Guidance Office <input type="checkbox"/> College Guidance Services | <input type="checkbox"/> Health Services Center <input type="checkbox"/> Class Adviser <input type="checkbox"/> Others: _____ |
|---|--|

3. That I be notified of the effective rectification of my data or the justified disapproval of my request of my request via:

| | |
|---------------|--|
| Contact No.: | |
| Email Address | |

Date

Signature over Printed Name

Verified and Processed by:

Signature over Printed Name

Date