



DATA PRIVACY CONSENT FORM

I, _____ [*Name of Student*], hereby grant permission to **Romblon State University (RSU)** to collect, utilize, process, and safeguard my personal data throughout my academic tenure at the institution. Recognizing RSU's dedication to upholding data privacy principles and safeguarding the confidentiality of my information in compliance with the Data Privacy Act of 2012 and related legislation, I hereby affirm the following:

a. Purpose of Data Collection

I consent to RSU's collection and processing of my personal data for academic, administrative, and research purposes, encompassing enrollment, academic evaluation, student support services, communication, and statistical analysis.

b. Types of Personal Data

I acknowledge that RSU may gather various personal data categories, including but not limited to my name, date of birth, contact details, academic history, medical particulars (if applicable), and any pertinent information essential for academic and administrative operations. I also understand that the university will also collect photographs and videos, both directly captured during official events and indirectly through group or scene imagery, along with footage from closed-circuit cameras.

c. Use and Disclosure of Personal Data

I authorize RSU to utilize my personal data for the purposes, recognizing that it may be shared with authorized RSU personnel and external entities such as government agencies, accrediting bodies, and service providers, as mandated by law or for legitimate university-related objectives.

d. Data Security and Confidentiality

I understand and acknowledge RSU's commitment to implementing appropriate technical, organizational, and physical security measures to safeguard my personal data against unauthorized access, disclosure, alteration, or destruction, ensuring its confidentiality and integrity.

e. Retention and Disposal of Personal Data

I consent to RSU retaining my personal data for the duration necessary to fulfill its intended purposes or as stipulated by law or institutional policies, with assurance of secure and confidential disposal upon the conclusion of the retention period.

f. Access and Correction of Personal Data

I recognize my entitlement to request access to, correction of, or deletion of my personal data held by RSU, subject to applicable legal and institutional protocols.

g. Withdrawal of Consent

I am aware of my right to withdraw consent for RSU's collection, use, and processing of my personal data at any time, notwithstanding any legal or contractual obligations, understanding that such withdrawal may impact my enrollment or engagement in university activities.

h. Contact Information

I acknowledge the availability of RSU's Data Protection Officer (DPO) for inquiries, requests, or concerns regarding the handling of my personal data.

By affixing my signature below, I certify that I have read and understood the contents of this data privacy consent form and voluntarily consent to the collection, use, processing, and protection of my personal data by Romblon State University in accordance with the terms and conditions outlined herein.

Student Signature over Printed Name

Date: _____

Parent/Guardian Signature over Printed Name

(if student is under 18 years old)

Date: _____

**ROMBLON STATE UNIVERSITY**

Romblon, Philippines

Campus: _____

ADMISSION APPLICATION FORM**For Beginning First Year Enrollees (Graduate and Undergraduate Programs)****PERSONAL INFORMATION**

Name of Student: _____
Last Name *First Name* *Middle Name*

Sex at birth: Male Female Civil Status: Single Married Separated Others: _____

Birthdate: _____ Birthplace: _____

Citizenship: _____ Religion: _____

Person with Disability: No Yes (*Please specify disability*): _____

Attached recent
2x2 colored ID picture in white
background here
2x2 colored ID
picture in white background here

CONTACT INFORMATION

Home Address	Zip code:
Email Address	Mobile Number:
Father's Full Name	
Mother's Maiden Name	
Guardian's Full Name	
Address of Parent/Guardian	
Contact Number of Parent/Guardian	

EDUCATIONAL BACKGROUND

School Last Attended (High School/Tertiary)	Strand:
General Weighted Average	Honors Received:
Learner's Reference Number (LRN)	Year Graduated:

PROGRAM/COURSE

Undergraduate Programs
 Program: _____
 Not Applicable

Graduate Education and Professional Studies
 Master Program: _____
 Doctoral Program: _____
 Continuing Education Program: _____
 Not Applicable

INFORMATION SURVEY

Mother's Occupation	Family Monthly Income:
Father's/ Guardian's Occupation	
Are you a member of the Indigenous Peoples Community?	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>specify your tribe</i>):
Are you a member of Muslim Community?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you the first in your family to enter College?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you a solo parent?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you a child of a solo parent?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you a working student?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Where are you living?	<input type="checkbox"/> Home <input type="checkbox"/> Boarding House <input type="checkbox"/> Others(<i>specify</i>):
Will you need financial assistance/ scholarship?	<input type="checkbox"/> No <input type="checkbox"/> Yes
What could be the reason if you stop schooling? (<i>Please check possible reason</i>)	<input type="checkbox"/> Financial <input type="checkbox"/> Others (<i>specify</i>): _____ <input type="checkbox"/> Other School Preference

In consideration of my admission to the University and of the privileges of a student in this institution, I hereby promise and pledge to abide by and comply with, all the rules and regulations laid down by competent authorities of the University and of the College/Campus in which I am enrolled. I fully understand that refusal to take this pledge or violation of its terms shall be sufficient cause for summary dismissal or denial of my admission.

Signature Over Printed Name

Date

TO BE FILLED OUT BY THE ADMISSION OFFICER

SCHOOL CREDENTIALS PRESENTED	ENTRANCE EXAMINATION SCHEDULE
<input type="checkbox"/> SF9/ Form 138 (Report Card) <input type="checkbox"/> Authenticated PSA/NSO Birth Certificate (<i>Photocopy</i>)	Day: _____ Time: _____
<input type="checkbox"/> Certificate of Good Moral Character <input type="checkbox"/> Authenticated NSO Marriage Certificate (<i>For Female Applicant</i>)	Testing Center: _____
<input type="checkbox"/> Recent 2x2 ID Picture <input type="checkbox"/> Others (<i>Please specify</i>): _____	RSUAT Result: _____

ACCOUNT CREATION

Student ID Number:	Program/Course:	Date:
Processed by:	Approved by:	
Signature over printed name of Admission Staff & Date	Signature over printed name of Admission Director & Date	

REG-00-001

Creation Date: 2021-02-14

Revision Date: 2025-07-15