DATA REQUEST FORM

Reference Number _____

Applicant and lead contact User		
Full Name:	Address:	Organization:
Mobile phone number:	Email Address:	References: (Name and contact of the Head of the organization or the DPO)

Data of which the access or information requested	
Data Title:	Data Source:
Intended use for Data:	Company to be Presented:

Data Sharing Agreement

I agreed that, in consideration for the access of information submitted or provided to me by _____ under the office of _____ to keep all information provided relating to data of person involved, businesses, and other graphic designs in strict confidence. Disclose this information solely to the Person whom I signed with Non-Disclosure Agreement or with person who expresses a written approval. I understand that any unauthorized disclosure of this information that are not reflected in this Data Request Form shall subject to the penalty under Republic Act 10173 other known as Data Privacy Act of 2012.

_____
Signature Over Printed Name

Processed by:	Approved by:
_____	_____
_____ POSITION	_____ POSITION

Certification

This is to certify that I received the copy of approved Data Request Form No. _____ from the office _____.

This _____ day of _____, year _____.

This Data Request form shall be filled and recorded for any legal and technical purposes.

_____
_____
POSITION