



**UNIVERSITY OF THE EAST**  
Philippines

**Data Protection Office**

**REQUEST/REPORT FORM**

***Privacy Notice***

*UE is committed to compliance with the Data Privacy Act of 2012. Personal information that you provide in this form will be used only for the processing of your request/report. Should there be a need to contact you for verification or clarification purposes, we will contact you at the email address you provide below. As soon as the processing of your request/report is completed your personal data will be securely disposed of. For purposes of reporting to the University authorities and the National Privacy Commission, only aggregated and anonymized data pertaining to this request/report will be maintained. For further queries please contact the Data Protection Officer at [dpo@ue.edu.ph](mailto:dpo@ue.edu.ph).*

**INSTRUCTIONS**

Please fill up this form by providing complete, true, and correct information pertaining to your request/report. Attach any supporting documents as applicable to your request/report, and submit to the Data Protection Office / Chancellor Office or Campus Compliance Officers. The DPO reserves the right to refuse to process or disregard any submissions with incomplete or false information.

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In regard to my personal information collected, processed, stored and possibly shared by the University, I hereby request to: (Please check as applicable.)

- Access
- Correct/Revise/Amend (Underline as applicable)
- Suspend/Withdraw/Block/Remove/Destroy (Underline as applicable)
- File a complaint
- Be indemnified for any damages
- Report a possible security breach
- Others. Please specify: \_\_\_\_\_

*Particulars/Specific Items Being Requested/Reported:*

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*Reason for Request/Circumstances of Suspected Security Breach Being Reported:*

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*List of Attachments: (Any Supporting Documents for the Request/Report)*

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***Requested by:***

<p>I hereby certify that the information I have provided in this form are true and correct.</p> <p>_____</p> <p><b>Printed Name over Signature</b></p> <p>Student/Employee/Faculty No.: _____</p> <p>Email Address: _____</p> <p>Date: _____</p>
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Note: Use additional pages if necessary.

**FOR OFFICE USE ONLY**

**Action Taken:**

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This report of action taken by the DPO was accomplished by:

<p>_____</p> <p><b>Printed Name over Signature</b></p> <p>_____</p> <p><b>Date</b></p>
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