

SIKAP DATA PRIVACY CONSENT FORM



DATA PRIVACY CONSENT FORM

(For SIKAP Applicants Below 18 Years of Age)

I, the undersigned parent/guardian, hereby grant my consent for the University of the Philippines Diliman, through the **Scholarship Information Kit and Portal (SIKAP)**, managed by the **Office of Scholarships and Grants (OSG)** under the **Office of the Vice Chancellor for Student Affairs (OVCSA)**, to collect, process, and store the personal data of my child/ward for purposes related to scholarship application, evaluation, award, and monitoring.

1. Information Collected

I understand that the following personal data of my child/ward may be collected through SIKAP:

- Personal details (e.g., name, date of birth, gender, civil status, photo)
- Contact information (e.g., email address, mobile/telephone number, home address)
- Academic information (e.g., grades, course, academic standing, UP constituent unit)
- Parent/guardian information (e.g., name, contact details, employment status, annual income)

2. Purpose of Collection and Processing

I understand that my child/ward's personal data shall be used solely for legitimate scholarship-related purposes, including but not limited to:

- Processing of scholarship applications and verification of eligibility
- Management of scholarship awards and monitoring of compliance with requirements
- Communication with students, parents/guardians, and donors regarding scholarship matters
- Reporting to institutional and regulatory bodies as required by law

3. Storage, Retention, and Security

I understand that personal data will be:

- Stored in both physical and electronic Data Processing Systems in secure facilities authorized by UP Diliman
- Retained for a maximum of **ten (10) years** and disposed of securely thereafter, in compliance with RA 9470, the Data Privacy Act of 2012, and related issuances
- Protected by appropriate organizational, physical, and technical safeguards against unauthorized access, disclosure, or loss

4. Sharing and Disclosure

I understand that my child/ward's personal data may be shared with:

- Authorized personnel of the OSG, OVCSA, and Scholarship Affairs Officers
- Donors, sponsors, and partner organizations, limited to information necessary for scholarship administration
- Government agencies and regulatory bodies (e.g., CHED, NPC), as required by law
- Other UP units for legitimate institutional purposes

I acknowledge that SIKAP shall never sell, trade, or lease personal data to third parties.

5. Rights of the Data Subject

I understand that my child/ward, as a data subject, is entitled to rights under the **Data Privacy Act of 2012**, including:

- The right to be informed, access, object, rectify, erase/block, and data portability
- The right to file a complaint with the **National Privacy Commission (NPC)**

6. Consent for Minors

I hereby certify that:

- I am the lawful parent or legally authorized guardian of the applicant, who is below eighteen (18) years of age.
- If the applicant's parents are not married, I affirm that I am the **mother** or the **legally authorized guardian** signing this form.
- I voluntarily give my consent to the processing of my child/ward's personal data in accordance with this Policy.

SIGNATURE

I have read and understood the above information, and I voluntarily grant my consent.

STUDENT INFORMATION	
Name of Student	
Date of Birth	
UP Constituent Unit / Campus	
PARENT / GUARDIAN INFORMATION	
Name of Parent / Guardian	
Relationship to Student	
Signature of Parent / Guardian	
Date Signed	