



**SACRED HEART COLLEGE
OF LUCENA CITY, INC.**

1 Merchan Street, Lucena City 4301

Member: Daughters of Charity-St. Louise de Marillac Educational System (DC-SLMES)

PAASCU Accredited

Tel.Nos.:(042)710-3888 / 710-2505 Fax No.: (042) 373-4240

Website: <https://www.shc.edu.ph> Email: shc@shc.edu.ph

DATA PROTECTION OFFICE

DATA PRIVACY CONSENT FORM FOR GRADUATING SENIOR HIGH SCHOOL STUDENTS

Upon the recommendation and approval of my child's/ward's graduation by the School Registrar and the Academic Council, I hereby allow my child/ward to participate in the ensuing virtual commencement exercises. Further, I allow **Sacred Heart College of Lucena City, Inc.** to publish my child's/ward's name, graduation photos and videos, and any honor(s) received, in the program to be distributed in the course of the commencement exercises. I understand that **Sacred Heart College of Lucena City, Inc.** is seeking my consent, as the parent/guardian regarding the above, as the graduation program may be accessed by members of the public either through electronic or written form.

I further confirm that Sacred Heart College of Lucena City, Inc., through its relevant offices, are authorized to provide my child's/ward's name and honor(s) earned, contact information as well as such other personal information that will enable his/her identity to be verified, to the **Sacred Heart College of Lucena City, Inc. Alumni Association.**

Signature over Printed Name of Parent/Guardian

Student ID Number of Child/Ward

Date Signed: _____