



GUIDANCE & TESTING DIVISION  
OFFICE OF STUDENT SERVICES  
**SILLIMAN UNIVERSITY**  
*Building Competence, Character & Faith*

**DATA PRIVACY CONSENT FORM**

Please choose one of the following by checking (1) one box:

- ☐ I am a student who is at least 18 years old.
- ☐ I am a parent of a student who is less than 18 years old.
- ☐ I am the legal guardian of a student who is less than 18 years old. Complete name of student: \_\_\_\_\_

I have read and agree with the Silliman University Data Privacy Policy and Guidelines, by affixing my signature below, I:

1. Agree that Republic Act No. 10173 or the Data Privacy Act 2012 applies to the collection and processing of my/my child's/my ward's personal data;
2. Consent to the collection, use, processing of my/my child's/my ward's personal data to the extent that it is necessary to achieve the educational, institutional, and other legitimate interests of Silliman University, including for guidance and counseling purposes in relation to the subject student;
3. Warrant the accuracy and truthfulness of the personal information I am providing to Silliman University, provided that I will respect any revision of an act or decision of the university based on information I provided that is found to be false or inaccurate;
4. Agree to finding an amicable settlement of any issue arising from my/my child's/my ward's personal information before resorting to arbitration or litigation before the regular courts of the Philippines.

\_\_\_\_\_  
**Printed Name and Signature**

\_\_\_\_\_  
**Date**



GUIDANCE & TESTING DIVISION  
Office of Student Services  
SBE – Junior High School Department  
Silliman University, Dumaguete City  
Tel no: (035) 422-6002 loc. 422  
email add: jhscounseling@su.edu.ph

Picture

### INDIVIDUAL INVENTORY RECORD

Year & Section: \_\_\_\_\_ S.Y. \_\_\_\_\_ Mobile no: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Telephone no: \_\_\_\_\_

#### PERSONAL INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (Middle Name)

Present Address: \_\_\_\_\_  
No. & Street Barangay Town/City Province Zip Code

Home Address: \_\_\_\_\_  
No. & Street Barangay Town/City Province Zip Code

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Religion: \_\_\_\_\_

#### EDUCATIONAL BACKGROUND

Please check the appropriate status: ( ) new student ( ) transferee ( ) continuing

Pre-school: \_\_\_\_\_ Year graduated: \_\_\_\_\_

Elementary: \_\_\_\_\_ Year graduated: \_\_\_\_\_

With honors? ( ) Yes ( ) No Rank: \_\_\_\_\_ Year: \_\_\_\_\_

#### FAMILY BACKGROUND

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Office Address: \_\_\_\_\_ Office Address: \_\_\_\_\_

Landline/Mobile no: \_\_\_\_\_ Landline/Mobile no: \_\_\_\_\_

Guardian(if any): \_\_\_\_\_ Relationship: \_\_\_\_\_

Complete Address: \_\_\_\_\_ Landline/Mobile no: \_\_\_\_\_

**At present, where are you staying?**

( ) with parents                      ( ) with father                      ( ) with mother                      ( ) with friends  
( ) in a boarding house              ( ) in an apartment                      ( ) with guardian  
( ) in a dormitory [please specify] \_\_\_\_\_  
( ) with relatives [please specify] \_\_\_\_\_

**Parents are:**    ( ) Living together                      ( ) Separated                      ( ) Others [Please specify below]

Mother	Father
( ) Single parent	( ) Single parent
( ) Re-married	( ) Re-married
( ) Parent/s with another partner	( ) Parent/s with another partner
( ) Deceased	( ) Deceased

**Siblings:**

Brothers/Sisters (list down according to birth rank)	Age	Alive?		Educational Attainment
		Yes	No	

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**SPECIAL INTERESTS/ OTHER PERSONAL INFORMATION**

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Sports: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Skills/Talents: \_\_\_\_\_

Languages/Dialects spoken: \_\_\_\_\_

Study habits schedule (ex. every day from 6:00-8:00pm) : \_\_\_\_\_

Why did you choose Silliman University?: \_\_\_\_\_

**Person to contact IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_ Contact no: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_



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Counseling and Development Office  
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<b>HEALTH AND FAMILY</b>			
Height:		Weight:                      kilos/lbs	
Have you had any recurring ailment?  Specify . . .			
Have you had any accident or illness which you think has affected you mentally or emotionally?			
<b>Difficulties encountered:</b> Everyone faces problems in their life. Some of these problems cannot be solved without help. Below are the list of concerns/problems with which people are often concerned. Please answer honestly by putting a check (/) mark before the item that applies to you at present. This will help us to be of greater assistance to you.			
Tick	Items	Tick	Items
	I am frequently embarrassed when I am with others.		I am not interested in my studies.
	I have difficulty making friends.		I do not know how to break certain habits that needs to be corrected.
	I often feel guilty about something I have done in the past.		I have some family problems.
	I am always feeling lonely.		My parents do not get along well with each other.
	Certain thoughts are disturbing me.		I am addicted to online games/internet.
	I am confused about myself.		I do not receive adequate financial aid from my parents.
	I do not know what I am best fitted to do in life.		I am not happy here in school.
	I find it difficult to recite.		I have trouble making myself study.
	My teacher seems not to have a clear grasp of the subject matter.		I do not know how to take a good lecture notes.
	I get low in the quizzes and assessment.		Others please specify:
	I have so much to do that I neglect my studies.		

Signature over printed name: \_\_\_\_\_ Date: \_\_\_\_\_