

University of the Philippines Cebu
Commencement Exercises
Guest Contact Tracing Form

Full Name (Last, Given, Middle)	
Complete Current Address	
Mobile/Phone Number	Date of Visit: 2022 July 29, Friday
Email Address	Time of Visit:

I hereby authorize the University of the Philippines Cebu to collect and process the data indicated herein for the purpose of contact tracing effecting control of the COVID-19 transmission. I understand that my personal information is protected by RA 10173 or the Data Privacy Act of 2012 and that this form will be destroyed after 30 days from the date of accomplishment, following the National Archives of the Philippines protocol.

Signature: _____