**EXTENSION SERVICE REQUEST FORM**

|  |  |
| --- | --- |
| Date of Request: |  |

**For: DR. ARNOLD E. VELASCO**

University President

**Attention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

College Dean / Director / Faculty

1. **BENEFICIARY INFORMATION:**

*Put “N/A” for not applicable*

*\*Required information*

|  |  |  |  |
| --- | --- | --- | --- |
| \*Name of Beneficiary: |  | | |
| \*Nature of Beneficiary: |  | | |
| \*Address: |  | | |
| \*Products / Services: |  | | |
| \*Name of Contact Person: |  | \*Designation: |  |
| \*Contact Number: |  | \*Email Address: |  |
| Endorsed by (if any): |  | | |
| \*Additional background information about the beneficiary: |  | | |

1. **SERVICE NEEDED:**

*Put a check mark in the box of corresponding choice*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Skills Training |  | Professional Training / Seminar / CPD |  | Technical Consultancy |
|  | Professional Assistance |  | Community Outreach |  | Coaching / Mentoring |
|  | Knowledge Transfer |  | Technology Transfer |  | Others: |

1. **DETAILS OF SERVICE NEEDED:**

*\*Required information*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| \*Title / Subject / Topic / Activity: | | | | | | |
|  | | | | | | |
| \*Number of Participants: |  |  |  |  |  | 50 pax up |
| \*Nature of Participants: |  | | | | | |
| \*Preferred Date: |  | | \*Preferred Time: | |  | |

1. **PREFERRED MODE OF SERVICE DELIVERY:**

*Put a check mark in the box of corresponding choice*

|  |  |  |  |
| --- | --- | --- | --- |
|  | On-line | Platform: |  |
|  | On-site | Venue: |  |
|  | Modular | Preferred Language: |  |

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I am fully aware that the Tarlac State University (TSU) is bounded and obligated under the Data Privacy Act of 2012 and its Implementing Rules and Regulations (IRR) effective September 8, 2016 to protect all my personal and sensitive information that the University Extension Services Management Office (ESMO) collected, processed and retained upon my disclosure. Likewise, I am fully aware that TSU may share such information to affiliated or partner organizations as part of its contractual obligation, or with government agencies pursuant to law or legal processes. In this regard, I hereby allow TSU to collect, process, use and share my personal data contained hereof in the pursuit of its legitimate academic, research and extension purposes and/or interests as an educational institution.

I hereby certify the correctness of the above information and declare my full understanding and agreement that services to be provided will be governed by specific terms and conditions through a service contract or Memorandum of Agreement.

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|  |
| Signature over Printed Name of  Contact Person / Authorized Representative |