|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SERVICE REQUEST FORM | | | | This section to be filled out by OIBD: | | | | |
| Request No. | | | |  |
| Date Received: | | | |  |
| Received by: | | | |  |
| FOR: | Dr. ARNOLD E. VELASCO  University President | | | | | | | |
| Attention: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  College Dean / Director / Faculty | | | | | | | |
| I. CLIENT INFORMATION | | | | | | | | |
| Full Name | | |  | | Sex | | □ Female  □ Male | |
| Organization/Office/College | | |  | | Civil Status | |  | |
| Position/Designation | | |  | | | | | |
| Address | | |  | | | | | |
| Contact Number/s | | |  | | | | | |
| E-mail Address | | |  | | | | | |
| II. SERVICE REQUESTED | | | | | | | | |
| Patent Services  □ Prior Art Search  □ Patent Drafting  □ Patent Application  □ Patent Search | | Title of Invention | | | |  | | |
| Proponents | | | |  | | |
| Transfer/Commercialization  □ Business Plan Preparation  □ Facilitation of Transfer  □ Request for Technology | | Title of Project/Technology | | | |  | | |
| Client/Beneficiary | | | |  | | |
| Trademark Service  □ Trademark Search  □ Trademark Application | | Type of Product/Service | | | |  | | |
| Type of Mark | | | |  | | |
| Copyright Service  □ Copyright Deposit  p | | Title of Work | | | |  | | |
| Authors/Creators | | | |  | | |
| Intellectual Property Education  □ Seminar/Training  □ Consultation | | Topic | | | |  | | |
| Target Participants | | | |  | | |
| □ Others (Please specify) | |  | | | | | | |

I am fully aware that the Tarlac State University (TSU) is bound and obligated to adhere to the Data Privacy Act of 2012 and its Implementing Rules and Regulations (IRR) which was put into effect last September 8, 2016. This law aims to protect all my personal and sensitive information that the Office of Innovation and Business Development (OIBD) will collect, process, and retain upon my disclosure.

By signing below, 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 that the information provided above is true and correct based on my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **­­** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over Printed Name of Applicant Date