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| **REQUEST TO USE UNIVERSITY TRADEMARKS** | This section to be filled out by OIBD: |
| Request No. |  |
| Date Received |  |
| Received by: |  |
|  For **Dr. ARNOLD E. VELASCO**University President |
| **I. PERSONAL INFORMATION** |
| Full Name |  | Sex:  | □ Male □ Female  |
| Organization |  |
| Position/Designation |  |
| Address |  |
| Contact Number/s |  | E-mail Address |  |
| **II. DETAILS OF INTENDED USE**  |
| Title of Project/Activity |  |
| Duration of Project/Activity |  |
| Nature/Purpose of Project/Activity | □ Commercial (additional details): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Non-commercial (additional details): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Trademark/s to be used | University Seal Word Mark□ Black & White – 2D □ Tarlac State University□ Colored – 2D □ TSU□ Colored – Embossed □ Other version (please specify):□ Other version (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Others (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*For other versions, please attach a clear copy to this request |
| Item/s where trademark/s will appear | Item | No. of Pieces |
| □ Clothing (please specify): |  |
| □ Souvenir item (please specify): |  |
| □ Promotional Material (please specify): |  |
| □ Others (please specify): |  |
| Name of Company that will produce the items, if applicable |  | Contact Number |  |
| Company Address |  |

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