**EXTENSION SERVICE REQUEST FORM**

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| Date of Request: |  |

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| **For:** | **DR. ARNOLD E. VELASCO**,*University President* |
| **Attention:** | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, College Dean / Director / Faculty* |

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| 1. **CUSTOMER INFORMATION**

 *\*Required information* |
| \*Name of Customer: |  |
| \*Sector of Customer: |  | Cooperative  |  | Indigenous People |  | Women’s Group |
|  | Educational Institution |  | Local Government Unit |  | Professional Organization |
|  | Farmers |  | MSMEs |  | Religious Group |
|  | Government Agency |  | Non-Government Organization |  | Youth |
|  | Others, specify |  |
| \*Address:  |  |
| \*Name of Contact Person: |  | \*Designation: |  |
| \*Contact Number: |  | Email Address: |  |

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| 1. **SERVICE/S REQUESTED**

*Check one (1) or more boxes corresponding to your request*  |
|  | Skills Training |  | Seminar / Workshop  |  | Technical Consultancy |
|  | Professional Assistance |  | Outreach |  | Technology Transfer |
|  | Others, specify |  |

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| 1. **DETAILS OF SERVICE/S REQUESTED**

*\*Required information* |
| \*Description of Requested Service/s: |
|  |
| \*Preferred Date/s or Duration: |  |
| \*Estimated Number of Participants: |  | ARBs  |  | Employees |  | MSMEs |  | Students |
|  | Others, specify: |  |

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

*Check the box corresponding to your preference and provide necessary information* |
|  | On-line; Platform: |  |  | Hybrid; Platform and Venue: |  |
|  | On-site; Venue: |  |  | Modular; Language:  |  |

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| 1. **KNOWLEDGE REGARDING TSU EXTENSION SERVICES –** Where did you learn about TSU’s extension services?

*Check appropriate box* |
|  | TSU Website |  | TSU Extension Facebook Page  |  | TSU Extension Catalogue/Brochure |
|  | Radio/Television |  | Referral from TSU Faculty Member or Personnel; Name: |  |

**DATA PRIVACY STATEMENT**

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 Office of University Extension Services (OUES) 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 ofCustomer / Authorized Representative |