



TO BE FILLED OUT BY THE FILER											
SS NUMBER 	NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)										

I consent to the collection, use, storage, sharing, and processing of my personal data by the Social Security System (SSS) in accordance with the Data Privacy Act (DPA) and its Implementing Rules and Regulations (IRR). I affirm my rights as a data subject, including the rights to be informed, object, access, correct or dispute inaccuracies, suspend or withdraw my data, data portability, and to be indemnified for damages. I also understand my right to file a complaint with the National Privacy Commission (NPC) for any violation of my data privacy rights.

☐ Agree
 ☐ Disagree

 SIGNATURE OVER PRINTED NAME
(FIRST NAME MI. LAST NAME)

 DATE
(MM/DD/YYYY)