

All visitors shall accomplish the client/visitor's contact tracing form.

Client / Visitor Contact Tracing Form

(For Drive-thru Customers Only)

Full Name: _____ / _____ / _____ Last Given Middle	Date of Visit (MM/DD/YY): _____
Complete Current Address <i>(House No., St., Brgy., Municipality/City, Province):</i> _____ _____	Time of Visit: _____
Mobile/Phone Number: _____	Vehicle Plate Number: _____
E-mail Address: _____	

I hereby authorize Lyceum of the Philippines University Cavite, to collect and process the data indicated herein for the purpose of contact tracing effecting control of the COVID-19 transmission. I understand that my personal information is protected by RA 10173 or the Data Privacy Act of 2012 and that this form will be destroyed after 30 days from the date of accomplishment, following the National Archives of the Philippines protocol.

Signature over Printed Name: _____