



## **INFORMATION CONSENT FORM**

I, \_\_\_\_\_, with FoodSHAP® Student Number  
**FSF** \_\_\_\_\_,

(*First Name, Middle Name, Last Name*)

voluntarily agree that the Food Safety and Hygiene Academy of the Philippines (FoodSHAP®) may post and/or disclose my personal information and credentials on their website, social media page and other multimedia propaganda. Moreover, I agree that the information stated in this Information Consent Form has been willingly provided by me. Furthermore, I shall not and will not institute any legal action against the Food Safety and Hygiene Academy of the Philippines (FoodSHAP®), here or abroad, in connection with the information which I have voluntarily and willingly set in this Information Consent Form.

Check  the applicable box/es:

<input type="checkbox"/>	City	
<input type="checkbox"/>	Birthday	
<input type="checkbox"/>	Contact Number	
<input type="checkbox"/>	Email	
<input type="checkbox"/>	Address (complete)	

I have had the opportunity to ask questions about the Information Consent Form and my questions have been answered to my satisfaction. Thus, the information that have been set forth in this Information Consent Form have been voluntarily supplied by myself and shall be used by the Food Safety and Hygiene Academy of the Philippines (FoodSHAP®) only for lawful intents and purposes.

\_\_\_\_\_  
Printed name and signature of student  
(day/month/year)

\_\_\_\_\_  
Date