**FTRC SERVICE REQUEST FORM**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of Request

**DR. MYRNA Q. MALLARI**

President

This University

Madam:

 This is to respectfully express my/our interest in availing the services of the Food Technology and Research Center.

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| 1. **CLIENT INFORMATION**
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| Name of Client: |  |
| Nature of Client:  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Manufacturer/ Toll Packer |  | National Government Agency/ Local Government Unit |
|  | Food Service Operator |  | Faculty Member |
|  | Non-Government Organization/ Cooperative |  | StudentLevel: |
|  | Others, pls. specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 |
| Address: |  |
| Products/Services |  |
| Name of Contact Person |  | Designation: |  |
| Contact Number |  | Email Address: |  |
| 1. **SERVICE REQUEST**
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| Services: |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Product Research and Development |  | Microbiological Analysis |
|  | Toll Processing |  | Physico-chemical Analysis |
|  | Toll Packaging |  | Sensory Evaluation |
|  | Facility and Equipment Rental |  | Seminar/Training |
|  | Product Marketing Assistance |  | Consultancy |

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| Details of Requested Service:(e.g. Name of product, equipment, facility, type of food sample, no. of samples, name of analysis, seminar/training topic, consultancy topic, nature of participants, no. of participants, etc.) |  |

**CONFIDENTIALITY 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 Food Technology and Research Center (FTRC) 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 ofContact Person / Authorized Representative |