



**PASIG CITY YOUTH ORGANIZATION REGISTRATION PROGRAM (YORP)
DATA REQUEST FORM**

The list of organizations registered under the Youth Organization Registration Program (YORP), including Youth Organizations (YOs) and Youth-Serving Organizations (YSOs), is publicly accessible and posted at the following links: <https://yorpnyc.org.ph/yorphubv1/Organization/YouthOrg> and <https://yorpnyc.org.ph/yorphubv1/Organization/YouthServing>.

Requesting further information in relation to the **Youth Organizations (YOs) and Youth-Serving Organizations (YSOs)**, pursuant to Republic Act No. 10742, may involve the collection and processing of personal data of individual youth respondents. Such information may include their full name, age, address, contact number, email address, educational background, employment status, and other relevant personal details necessary for profiling purposes.

As such, the **Pasig City Youth Development Office (PCYDO)** is committed to safeguarding any personal data and information involved in this request, in compliance with its Data Privacy Policy and Republic Act No. 10173, or the Data Privacy Act of 2012. The personal data you provide through this form shall be used solely for the purpose of identifying the information being requested and for responding appropriately to your request. The Pasig City Youth Development Office reserves the right to approve or deny this request in accordance with applicable laws, rules, and regulations.

Instruction: Please accomplish the form below in BLOCK LETTERS. Fields marked with an asterisk (*) are required and must be completed for the request to be processed.

A. REQUESTOR INFORMATION			
Full Name*:			
	LAST NAME	FIRST NAME	MIDDLE NAME
ORGANIZATION*:			
POSITION/ DESIGNATION:			
COMPLETE ADDRESS:			
CONTACT NUMBER*:			
E-MAIL ADDRESS*:			

B. NATURE OF REQUEST (List down the data needed)
I am requesting for:
☐ List of YORP in _____
☐ Name of head of organization
☐ Address of the organization
☐ E-mail Address of the organization
☐ Contact Number of the Organization
☐ Others, please specify: _____



C. PURPOSE OF REQUEST

D. PREFERRED WAY OF FEEDBACK ON THE REQUEST

- ☐ In writing to the correspondence address
- ☐ Via electronic format
- ☐ Collect the information in person
- ☐ Other (please specify): _____

E. DECLARATION

I hereby certify that I have carefully read and fully understood the terms, conditions, and policies governing the **Youth Organization Registration Program (YORP)**, conducted pursuant to Republic Act No. 10742. I further declare that all information I have provided in this form is true, accurate, and complete to the best of my knowledge and belief.

I acknowledge that the **Pasig City Youth Development Office (PCYDO)** may require verification of my identity to ensure the lawful processing of this request and to protect the integrity of official records. I understand that additional relevant information or supporting documents may be requested, when necessary, to properly evaluate and act upon my request in accordance with applicable laws, rules, and regulations.

Moreover, I recognize that any collection, processing, storage, and disclosure of personal data shall be undertaken in compliance with Republic Act No. 10173, or the Data Privacy Act of 2012, and other pertinent issuances, to ensure the protection of personal information and the confidentiality of data subjects.

(Signature over Printed Name, Date)