



USER ENDORSEMENT FORM

This is to officially authorize the following personnel from <insert Office Name> to access the **Disaster Risk Reduction and Management Information System (DRRMIS)**.

Name	
Position/Designation	
Office/Division	
Email Address	
Tel. No./ Local No.	
Mobile Number	
Access Level	<input type="checkbox"/> OU DRRM Validator <input type="checkbox"/> OU System Administrator <input type="checkbox"/> Provincial Validator <input type="checkbox"/> Municipal Data Encoder
Inclusive Location/s	
Signature	

The abovementioned personnel understands that the extracted data consists of sensitive and personal information. To ensure that the data subjects' privacy rights are protected and in compliance with the responsibilities under the Republic Act 10173 or the Data Privacy Act of 2012, all extracted data will be for official and DA use only.

ENDORSED BY:

Name	
Position / Office	
Email Address	
Tel. No./ Local No.	
Signature	
Date	