

**Department of Social Welfare and Development
Pantawid Pamilyang Pilipino Program**

Data Request Form

Name of Person Making Request*		Position*	
Home Address*			
Telephone Number*	Mobile Number*	Email Address*	
Organization/Agency*			
Office Address*			
Telephone Number*	Fax Number	Email Address*	
Purpose for which data is requested* (please be specific, and use additional sheets if needed):			
Data Requirements* (please be specific, and use additional sheets if needed):			
Disaggregation*		Time frame*	
Is there a deadline for receipt of data? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, please provide date and <i>reason</i> : ADate: _____			
Preferred form of output: <input type="checkbox"/> PAPER <input type="checkbox"/> E-COPY IN CD <input type="checkbox"/> E-COPY VIA EMAIL			
<p>I understand that 1)the data requested will be used for purposes specified above only, 2) <i>Pantawid Pamilya</i> and DSWD must be acknowledged in all presentations/publications as the owner and source of the data, 3) all data shall be released in PDF format if released electronically to avoid alteration , 4) unauthorized sharing, publishing or duplication of the data in whole or in part provided in any manner for any other purpose is strictly prohibited, and 5) feedback report on data utilization shall be provided to the DSWD within one month after the use of the data. Noncompliance with the said conditions shall mean forfeiting all rights to access data in the future.</p>			
Signature of Requesting Party*: _____		Date*: _____	