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KIRINYAGA UNIVERSITY
PERSONAL DATA PROCESSING CONSENT FORM

1. Purpose of Consent

This form seeks your consent for the collection, processing, storage, and sharing of your personal data by Kirinyaga University in accordance with the Data Protection Act, 2019.

2. Data Subject Information

Full Name: _____

ID/Passport Number: _____

Student/Staff Number (if applicable): _____

Email Address: _____

Phone Number: _____

3. Consent to Data Processing

I hereby consent to Kirinyaga University collecting and processing my personal data for purposes including, but not limited to:

- Academic administration and records management
- Communication and student/staff services
- Research and academic activities
- Financial and administrative processing
- Compliance with legal and regulatory obligations

YES NO

4. Consent to Sharing of Data

I consent to my personal data being shared with:

- Government agencies and regulators
- Partner universities and institutions
- Sponsors and financial institutions
- Service providers engaged by the University

YES NO

5. Consent to International Data Transfers

I understand that my personal data may be transferred and processed outside Kenya where necessary for:

- Academic collaborations and exchange programs
- Cloud-based services and digital platforms
- Research partnerships

I consent to such international transfers, provided appropriate safeguards are in place.

YES NO

6. Data Security and Rights

I acknowledge that:

- My data will be handled securely
- I have the right to access, correct, or request deletion of my data
- I may withdraw consent at any time without affecting prior lawful processing

7. Withdrawal of Consent

I understand that I may withdraw my consent by contacting the University's Data Protection Officer.

8. Declaration

I confirm that I have read and understood this consent form and the University's Privacy Notice.

Signature: _____

Name: _____

Date: _____

For Official Use

Received by: _____

Designation: _____

Date: _____