Kirinyaga University

GRADUATE CONSENT FORM WITH PROSPECTIVE EMPLOYERS

Kirinyaga University is committed to enhancing graduate employability by facilitating linkages with prospective employers and authorized recruitment partners.

I, _____, Registration Number _____, hereby voluntarily consent to Kirinyaga University collecting, processing, and sharing my personal and academic information with prospective employers and authorized recruitment partners solely for the purpose of employment, internships, industrial attachment, and other career development opportunities.

I understand that the information shared may include my name, contact details, programme of study, academic qualifications, graduation status, and other relevant information required for recruitment purposes. I further acknowledge that my personal data will be processed in accordance with the **Data Protection Act, 2019** and the **Data Protection (General) Regulations, 2021**.

GRADUATE'S DECLARATION

I confirm that I have read, understood, and voluntarily given my consent to the contents of this form.

Graduate's Name: _____

Signature: _____ **Date:** _____

DATA PROTECTION OFFICER'S CERTIFICATION

I certify that this consent has been obtained and will be processed in compliance with the **Data Protection Act, 2019** and the **Data Protection (General) Regulations, 2021**.

MR. JOHN MUTHUI NJOROGE
Data Protection Officer

Signature: _____ **Date:** 20/05/2026