



# REQUEST FOR IDENTIFICATION CARD

Document Code:	<b>QF-OUR-08</b>	Revision Number:	0
Effectivity:	<b>April 30, 2018</b>		

**Schedule of ID processing:**

**Instruction**

1. Fill out this form LEGIBLY AND COMPLETELY (for first issuance of ID to NEW STUDENT please proceed to step no. 4.)
2. Present to OUR personnel for approval of request.
3. Proceed to the Cashier's Office for payment.
4. Present this form on the scheduled date of ID processing.

*I certify that the information provided below are true and complete to the best of my knowledge.*

<b>Claim ID on:</b> _____  <b>Remarks:</b> _____
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\_\_\_\_\_  
Student's Signature

**New**     
  **Replacement:**   
  **Lost**     
  **Damaged**     
  **Change of data**

**ID Number:**

**NAME:** \_\_\_\_\_ (Last Name)      \_\_\_\_\_ (First Name)      \_\_\_\_\_ (Middle Initial)

Undergraduate     GS     OU    Degree Program: \_\_\_\_\_ Year: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ (mm - dd - yyyy)      **Blood Type:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Contact Person in case of emergency:** \_\_\_\_\_

**Relationship to Contact Person:** \_\_\_\_\_

**Contact Person's Address:** \_\_\_\_\_

**Contact Number of Contact Person:** \_\_\_\_\_

**CLAIM STUB for Student ID**

**Date:** \_\_\_\_\_ **ID number :** \_\_\_\_\_ **Options**    PhP 124 ( ) ID Card only  
 (tick one):    PhP 174    ( ) ID Card w/ Case and lace)

<p><b>Requirements:</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>for Damaged/ Change of Data:</b></p> <input type="checkbox"/> 1. Current Enrollment form  <input type="checkbox"/> 2. Old/Damaged ID  <input type="checkbox"/> 3. Receipt  <input type="checkbox"/> 4. For change of data, present documents, i.e., PSA birth cert, marriage cert, etc...</td> <td style="width: 50%; vertical-align: top;"> <p><b>for Lost ID:</b></p> <input type="checkbox"/> 1. Current Enrollment form  <input type="checkbox"/> 2. Affidavit of Loss  <input type="checkbox"/> 3. Receipt</td> </tr> </table>	<p><b>for Damaged/ Change of Data:</b></p> <input type="checkbox"/> 1. Current Enrollment form <input type="checkbox"/> 2. Old/Damaged ID <input type="checkbox"/> 3. Receipt <input type="checkbox"/> 4. For change of data, present documents, i.e., PSA birth cert, marriage cert, etc...	<p><b>for Lost ID:</b></p> <input type="checkbox"/> 1. Current Enrollment form <input type="checkbox"/> 2. Affidavit of Loss <input type="checkbox"/> 3. Receipt	<p>This must be given to the issuing officer when claiming the requested ID.  <b>Claim ID on:</b>          _____</p>
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**Remarks:** \_\_\_\_\_