

**REQUEST FOR CORRECTION/ CHANGE  
OF  
STUDENT'S PERSONAL DATA  
(mailing address, telephone no.)**

Student ID No. \_\_\_\_\_

Name: \_\_\_\_\_ Course & Year: \_\_\_\_\_  
*Family Name                      First Name                      Middle Name*

**Data to be changed**

From: \_\_\_\_\_ To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents' Consent:

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Student's Signature over Printed Name

Approved by:

SENCIO NORBERTO P. JAYME  
University Registrar

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