



APPLICATION FOR ID REPLACEMENT FORM

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STUDENT IDENTIFICATION NUMBER

ACADEMIC YEAR	TERM
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STI Campus	Program Code	Year Level	Section	Student Type <input type="checkbox"/> Regular <input type="checkbox"/> Irregular	Control Number
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Last Name	First Name	MI
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Reasons for Replacement <input type="checkbox"/> Lost <input type="checkbox"/> Damaged	Attachment <input type="checkbox"/> Affidavit of Loss <input type="checkbox"/> Damaged ID	Please provide additional details
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Student's Signature	Date	Parent's/Guardian's Signature over printed Name	Date
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Received by:	Date	Official Receipt		
Registrar's Signature over Printed Name		Number	Amount	Date

Release Date of New ID	Received by Recipient's Signature over printed Name	Date Received
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