



FREE HIGHER EDUCATION AND VOLUNTARY CONTRIBUTION FORM

Instruction: Fill in all required information. Do not leave an item blank. If item is not applicable indicate "N/A".

PERSONAL INFORMATION					
<input type="checkbox"/> NEW ENROLLEE <input checked="" type="checkbox"/> CONTINUING <input type="checkbox"/> SHIFTEE <input type="checkbox"/> RETURNEE <input type="checkbox"/> TRANSFEREE					
Year Level:	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th		Learner Reference Number:	121929080027	
Student Number:	2021-35593		Year & Course:	3rd / BSIT	Sem. & S.Y.
Name:	PARA-ASE (Last Name)		DIANNE (First Name)		BALMES (Middle Name)
Date of Birth:	Feb 9, 2003		Place of Birth:	TANAUAN, LEYTE	
Sex:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Number of Academic Units Enrolled:		
Civil Status:	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married		Type of Disability (if applicable):	N/A	
	<input type="checkbox"/> Widowed <input type="checkbox"/> Separated		Indigenous People Affiliation (if applicable):	N/A	
	<input type="checkbox"/> Annuled <input type="checkbox"/> Others				
Citizenship:	FILIPINO				
Father's Name:	PARA-ASE (Last Name)		FRANCIS (First Name)		MACEDA (Middle Name)
Mother's Maiden Name:	BALMES (Last Name)		ELIZABETH (First Name)		VERZOSA (Middle Name)
Permanent Address:	ZONE 1 (Street Address)				ADA (Brgy)
	TANAUAN (City/Mun.)		LEYTE (Province)		6502 (Zip Code)
Mobile Number:	09153368892		E-Mail Address:	dianeparaase9@gmail.com	

By signing below, I CERTIFY that above information are correct and true and that I give my consent to the collection and processing of my personal data in accordance with the needs and requirements of the university.

I CERTIFY FURTHER that I am cognizant of and aware of the provisions in RA 10931 (Universal Access to Quality Tertiary Education Act) and all the benefits and responsibilities under the Act. I voluntarily avail of the Free Higher Education benefits and privileges and abide with the return service obligation inherent thereto.

- ☐ I am voluntarily contributing an amount of _____ (PhP _____) for the academic period 2nd Sem. / 2023-2024.
- ☒ I am not having my voluntary contribution for the academic period 2nd Sem. / 2023-2024.

DIANNE B. PARA-ASE
Name and Signature of Student

Date Signed

Conforme:

FRANCIS M. PARA-ASE
Name and Signature of Parent/Guardian

Date Signed

Subscribed and sworn to before me this _____ day of _____ for purposes of availing the Free Higher Education.

ID No.: _____

Issued by: _____

Issued at: _____

Administering Officer

ACKNOWLEDGMENT

This is to acknowledge receipt of the Free Higher Education and Voluntary Contribution Form of DIANNE B. PARA-ASE, 3rd Year, BSIT.

EDERLYN C. DAGAMI, CPA, JD
Registrar

Date Signed