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|  | Republic of the Philippines  University of Southeastern Philippines  Iñigo St., Bo. Obrero, Davao City 8000  Telephone: (082) 227-8192  Website: [www.usep.edu.ph](http://www.usep.edu.ph)  Email: president@usep.edu.ph | Form No. | {name} |
| Issue Status | {issue\_no} |
| Revision No. | {revision\_no} |
| Date Effective | {date\_effective} |
| Approved by | President |
| **REQUEST FOR OFFICIAL EMAIL ADDRESS FORM** | | | |

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| --- | --- | --- | --- | --- | --- |
| Requesting Person:    **{meta\_last\_name} , {meta\_first\_name} , {meta\_middle\_initial}**  Last Name First Name M.I. | | | | Date Prepared:  **{meta\_date\_prepared}** | |
| Position:  **{meta\_position}** | | Office/College:  **{meta\_college}** | | | |
| Requested by: | **Shape  Description automatically generated with medium confidence**    **{meta\_requested\_name}**    Signature Over Printed Name | | **{meta\_requested\_date\_signed}**  Date | | Remarks:  **{meta\_requested\_remarks}** |
| Certified by: | **Shape  Description automatically generated with medium confidence**    **{meta\_certified\_name}**  Signature Over Printed Name Head of Office/College | | **{meta\_certified\_date\_signed}**  Date | | Remarks:  **{meta\_certified\_remarks}** |
| Approved by: | **Shape  Description automatically generated with medium confidence**      **{meta\_approved\_name}**    Signature Over Printed Name  SDMD Director/Authorize Representative | | **{meta\_approved\_date\_signed}**  Date | | Remarks: **{meta\_approved\_remarks}** |