**CERTIFICATE OF CANDIDACY**

|  |  |  |
| --- | --- | --- |
| NAME: | Last Name: | INSERT 1x1 PICTURE |
|  |
| First Name: |
|  |
| Middle Name: |
|  |
| NICKNAME: |  | AGE: |
| GENDER: |  |  |
| DATE OF BIRTH (MM/DD/YYYY) |  | COLLEGE: |
| POSITION CANDIDATING FOR: | |  |
|  | | YEAR AND PROGRAM |
| PARTYLIST/ PARTY AFFILIATION: | |  |
|  | | PHONE: |
| PERMANENT ADDRESS | |  |
|  | | EMAIL ADDRESS |
| TEMPORARY ADDRESS | |  |
|  | | ROLLED THUMBPRINT |
| PERIOD OF RESIDENCY | |
| In your current college | \_\_\_ Semester/s \_\_\_\_\_ Year/s | (RIGHT) |
|  |
| In the University | \_\_\_ Semester/s \_\_\_\_\_ Year/s |
| I hereby certify that the facts stated herein are true and correct to the best of my knowledge. | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Signature of Candidate Over Printed Name | |