

Person to Notify in Case of Emergency:
Contact Person: LUZ GOROSPE

Address DIFFUN, QUIRINO

Contact No.: 0945 795 7597

Birth Date: 12/09/2002

Blood Type:

1st Semester 2nd Semester Summer

AMBROCIA A SAFFUD, Ph.D.
UNIVERSITY REGISTRAR

This is to certify that the person whose picture and signature appear hereon is a student of the Isabela State University. Echague Campus

This Card is non-transferable and VALID ONLY for the semester indicated in the sticker. Report loss immediately to the Registrar.