



Office of the University Registrar Tel +63 43 723 0706 loc. 157-159 Telefax +63 43 723 2038

		REQUEST FO	OR SECOND COP	Y OF DIPLOMA		
					Date	
Name			Course		<u> </u>	
Date of Graduation			**	Series		
	(Month	Day	Year)	Date	Con Total	
Reason					tion Level	
APPROVED:			Rec	quirements:		
			1. P	ersonal request letter		
GERALDINE D. DE ERIT			2. Photocopy of diploma (laminated, dilapidated etc.)			
University Registrar			3. Affidavit of loss (if lost)			
Payment made: (To be fi		Cashier)				
Amount:OR No				Signature of A	Annlicant	
Date		Signature of Applicant				
		DA	TA PRIVACY CON	SENT		
nformation provided to LPU-B 4. I am fully aware that the co	to verify the accunsent or permiss writing. Sixty wo	uracy and completer sion I am giving in t rking days upon re	ness of my information favor of LPU-B shall b ceipt of the written re	and request for its amendme e effective immediately upovocation, LPU-B shall imm	with the reasonable access to my personatent, if deemed appropriate, and; on signing of this form and shall continuediately cease from performing the act	
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		over printed nam		Date		
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TOOLE LAURTL WITE LYCEUM OF THE PHIL MANILA-MAKATI-BATANCA	LIPPINES UNIVERSITY S-LAGUNA-CAVITE-DAVAO				Office of the University Registrar Tel +63 43 723 0706 loc. 157-159 Telefax +63 43 723 2038	
		REQUEST FO	OR SECOND COP	Y OF DIPLOMA		
					Date	
Name			Course	Special Order No.		
Date of Graduation						
	(Month	Day	Year)			
	•	•	,	Accreditat	tion Level	

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Name			Course	Special Order No		
Date of Graduation						
	(Month	Day	Year)			
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GERALDINE D. DE ERIT University Registrar				 Personal request letter Photocopy of diploma (laminated, dilapidated etc.) Affidavit of loss (if lost) 		
Payment made: (To be Amount:OR No		Cashier)		Signature of	Applicant	
Date						

DATA PRIVACY CONSENT

I hereby declare that by signing:

- 1. I attest that the information I have written is true and correct to the best of my personal knowledge;
- 2. I signify my consent to the collection, use, recording, storing, organizing, consolidation, updating, processing, access to transfer, disclosure or data sharing of my personal and sensitive, personal information that I provided to LPU-B including its sister schools/ universities, industry partners, affiliates, external providers, local and foreign authorities regardless of their location and/or registration for the purposes for which it was collected and such other lawful purposes I consent to or as required or permitted by law.
- 3. I understand that upon my written request and subject to designated office hours of the LPU-B, I will be provided with the reasonable access to my personal information provided to LPU-B to verify the accuracy and completeness of my information and request for its amendment, if deemed appropriate, and;
 4. I am fully aware that the consent or permission I am giving in favor of LPU-B shall be effective immediately upon signing of this form and shall continue unless I revoke the same in writing. Sixty working days upon receipt of the written revocation, LPU-B shall immediately cease from performing the acts mentioned under paragraph 2 herein concerning my personal and sensitive personal information.

Signature over printed name	Date