

REQUEST FOR SECOND COPY OF DIPLOMA

Name		(Course / Strand	Date Special Order No
Date of Graduation		_		Series
	(Month	Day	Year)	Date Accreditation Level
Reason				
APPROVED:			Requi	rements:
				onal request letter
GERALDINE D. DE ERIT		2. Photocopy of diploma (laminated, dilapidated etc.)		
Iniversity Registrar			3. Affi	davit of loss (if lost)
Payment made: (To be		Cashier)		
Amount: OR No				Signature of Applicant
Date				
		D.A	ATA PRIVACY CONSEI	NT
coses I consent to or as re understand that upon my rmation provided to LPU-E am fully aware that the co less I revoke the same in	equired or permitted written request and B to verify the accu consent or permiss writing. Sixty wor	d by law. d subject to desigr iracy and complete ion I am giving in king days upon re	nated office hours of the LF eness of my information an favor of LPU-B shall be e	the purposes for which it was collected and such other I d'U-B, I will be provided with the reasonable access to my personable access to my personable access to my personable access to my personable decession and specific tive immediately upon signing of this form and shall contaction, LPU-B shall immediately cease from performing the tion.
	Signature	over printed nar	me	Date
VERTAS			me -	
TAURAL UNCELAN OF THE PHILIPP	PINES UNIVERSITY			
TO EXPENSE OF THE PHILIPPE BATAN	PINES UNIVERSITY			FM-LPU-REGO-22/07
TO THE PHILIPS BATAN	PINES UNIVERSITY			FM-LPU-REGO-22/07 OF DIPLOMA
(ADRIL	PINES UNIVERSITY NGAS	REQUEST F	OR SECOND COPY C	FM-LPU-REGO-22/07 OF DIPLOMA Date
Jame	PINES UNIVERSITY NGAS	REQUEST F	OR SECOND COPY C	FM-LPU-REGO-22/07 OF DIPLOMA Date Special Order No Series
Name	PINES UNIVERSITY NGAS	REQUEST F	OR SECOND COPY C	FM-LPU-REGO-22/07 OF DIPLOMA Date Special Order No Series
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- 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