

## STUDENT DIRECTORY

The University of the Philippines is committed to comply with the Data Privacy Act of 2012 (DPA) in order to protect your right to data privacy.

STUDENT NUMBER										LAST NAME										GIVEN NAME										MIDDLE NAME										MAIDEN NAME (If Married)																			
LEARNER'S REFERENCE NUMBER										COLLEGE										DEGREE/PROGRAM										MAJOR										E-MAIL ADDRESS										MOBILE NUMBER									
PRESENT ADDRESS																				PERMANENT ADDRESS																																							
SEX					CIVIL STATUS					DATE OF BIRTH					PERSON TO BE NOTIFIED IN CASE OF EMERGENCY																																												
FEMALE					SINGLE																																																						
MALE					MARRIED					PLACE OF BIRTH					ADDRESS					CONTACT NUMBER																																							
CITIZENSHIP					WIDOWED																																																						
PHILIPPINES					DIVORCED					DO YOU HAVE A DISABILITY?					IF YES, PLEASE SPECIFY (Pursuant to RA 7277 and RA 9442)																																												
					YES					NO																																																	
SCHOOL ATTENDED STARTING FROM HIGH SCHOOL										DIPLOMA/TITLE/DEGREE										DATE OF GRADUATION										HONORS RECEIVED																													
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DEGREE OBTAINED, IF ANY																				DATE OF GRADUATION																																							
PARENTS/ GUARDIAN/SPOUSE										LIVING					DECEASED					ADDRESS										CONTACT NUMBER										OCCUPATION																			
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GUARDIAN'S NAME																																																											
SPOUSE'S NAME																																																											
STUDENT PLEDGE																																																											
I hereby certify that all information given above are correct. In consideration of my admission to the UNIVERSITY OF THE PHILIPPINES and of the privileges of a student in this institution, I hereby promise and pledge to abide by and comply with all the rules and regulations laid down by competent authority in the University and in the College or School in which I am enrolled.																																																											
SIGNATURE OF STUDENT																				DATE																																							
PLEASE INFORM THE OFFICE OF THE DEAN AND THE UNIVERSITY REGISTRAR ABOUT ANY CHANGES IN THE ABOVE DATA																																																											

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