



## ALUMNI IDENTIFICATION FORM

Date: \_\_\_\_\_

INSTRUCTIONS: Write legibly and readable using BLOCK LETTERS.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Are you allowing NU Alumni Office to provide your contact details for possible alumni activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you allowing NU to provide your contact details to companies for possible employment?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Last Name	First Name	Middle Name	Tel. No.
Present Address			Mobile No.
Birthdate	Civil Status	Age	Gender
	Religion	Citizenship	Email Address

**What level did you complete in N.U.? Kindly check the box.**

<input type="checkbox"/> Elementary	<input type="checkbox"/> High School	<input type="checkbox"/> College	<input type="checkbox"/> Graduate School
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Course:	Year Graduated
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Company Connected at Present	Company Address	Position
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<b>Alumni Signature</b>	<b>Registrar Office</b>	<b>Accounting Office</b>	<b>ITR Office</b>	<b>Alumni Office</b>
	Course : _____ Batch: _____	Or # _____ Dated: _____	_____ ID Number	_____ Date Encoded
	(Signature over printed Name)	(Signature over printed Name)	(Signature over printed Name)	Encoded by:

**Procedue for Applying Alumni ID**

- |  |  |   |
|--|--|---|
| 1. Fill-up Alumni Identification Form          | 3. Proceed to Accounting Office for payment    | 5. Return the Alumni Identification Form to Alumni Affairs Office |
| 2. Proceed to Registrars Office for validation | 4. Proceed to ITRO for ID Processing/Releasing |   |

**Privacy Statement**

The information will be retained by the school and will be used for the purpose of (a) alumni activities (b) possible employment (c) summary information for statistical usage. By supplying such information, you consent the school storing the information for the stated purpose, the information is held by the school in accordance with the provisions of the Data Privacy Act 2012. I certify that the information given above is true to the best of my knowledge and belief. Under relevant provisions of the Data Privacy Act 2012; I give my full consent to National University Alumni Office to use my information for the purpose stated above, I have the right to change my information whenever needed. I understood when this information is no longer required, official school procedure will be followed for its disposal.

Agree

\_\_\_\_\_ Signature