



LAGUNA UNIVERSITY
Registrar's Office

Laguna Sports Complex, Brgy. Bubukal, Santa Cruz, Laguna
 Tel. No. (049) 576-4359

REQUEST FOR CORRECTION OF STUDENT'S PERSONAL DATA

DATE OF FILING:			
PERSONAL INFORMATION		ACADEMIC INFORMATION	
LAST NAME		STUDENT NO,	
FIRST NAME		PROGRAM /STRAND	
MIDDLE NAME		YEAR	
CONTACT INFORMATION			
MOBILE NO.		EMAIL ADDRESS	
Check the data that needs to be corrected:			
[] PERSONAL INFORMATION			
	From	To	
{ } Last Name			
{ } First Name			
{ } Middle Name			
{ } Birthdate			
{ } Civil Status			
[] CONTACT INFORMATION			
{ } Home Address			
{ } Telephone No.			
{ } Mobile No.			
{ } Email Address			
ACTION TAKEN			
Approved by:		Encoded by:	
_____ University Registrar Signature over Printed Name		_____ Records Staff Signature over Printed Name/Date	
<p>Note: Pertinent documents (i.e. PSA Birth Certificate, Marriage Contract) should be attached to this request upon submission to the Registrar's Office. Otherwise, this form shall be considered null and void.</p> <p>DATA PRIVACY CONSENT:</p> <p>I hereby affirm that all information supplied herein is complete and accurate. Withholding or giving false information will make me ineligible for admission or subject to dismissal. If admitted, I agree to abide by the established guidelines of Laguna University</p> <p>Further, I agree to collection and processing of my data for the purpose of correcting my personal data at Laguna University. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and that I am required provide truthful information. I understand that my personal information shall not be shared or disclosed with other parties without consent unless the disclosure is required by, or in compliance with applicable laws and regulations.</p> <p>Student Signature over Printed Name/Date</p>			