



PATEROS TECHNOLOGICAL COLLEGE

OFFICE OF THE COLLEGE REGISTRAR

CORRECTION OF PERSONAL DATA FORM (NAME OF STUDENT/BIRTHDATE/BIRTHPLACE/ADDRESS)

INSTRUCTIONS: (a). Fill-out form legibly and completely (please write N/A for item/s NOT APPLICABLE);(b). Submit the accomplished form at the Office of the College Registrar together with the required documents, * The Original Copy of Birth Certificate is for verification purposes only and will be returned to the owner.

REQUIREMENTS:

If enrolled

☐ PSA -issued Birth Certificate (original & photocopy)

☐ Voter's Certificate where new address is indicated.

If no longer enrolled-

☐ PSA-issued Birth Certificate(original & photocopy)

☐ Personal Affidavit

☐

Joint Affidavit of Two Disinterested (not related)

Persons

From ~~SINGLE~~ to MARRIED name

☐ Marriage Contract

If representative,

☐ A signed Letter of Authorization from the owner and ID bearing the specimen signature that matches the specimen signature on the authorization letter.

☐ ID of the representativ

Date of Application _____:

STUDENT NO.. _____

PROGRAM ENROLLED IN: _____

COMPLETE NAME:

(In PRINT) LAST NAME	FIRST NAME	MIDDLE NAME	AUXILIARY NAME(Sr., Jr., III, etc)
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CONTACT NUMBER: _____ INSTITUTIONAL EMAIL _____

To: The Registrar

I would like to request for the change/ correction of my personal information/data:

☐ **CORRECTION/CHANGE OF NAME**

From: _____ To: _____

(In PRINT) Last Name First Name Middle Name Last Name First Name Middle Name

☐ **CORRECTION OF BIRTH DATE/BIRTHPLACE**

BIRTH DATE: From: _____ To: _____

BIRTHPLACE: From: _____ To: _____

☐ **OTHER INFORMATION(Pls. Specify)** _____ From _____ To _____

Requested by:

Signature Over Printed Name
(Student/Almuna)

Approved by:

College Registrar
Date: _____

Corrected by:

Compute/System Clerk
Date: _____

