



Don Bosco Technical Institute
 Chino Roces Avenue, Brgy. Pio Del Pilar, Makati City
 Registrar's Office - 892 01 01 loc. 306; 893 84 67

REQUEST FOR LOST ID

(Please PRINT all entries)

Department:		School Year:		Date filed:	
Student No.	Last name:	First Name:		Middle Name:	
Grade & Section:		Adviser's name:		Adviser's signature:	
Reason for the lost ID					

Name of Parent/Guardian (PRINT NAME)		Signature of Parent / Guardian		Receipt No.	
Approved by:		(For Registrar's use) Received by:		NOTE: The new ID will be released a day after the request has been paid at the Accounting Office & forwarded to the Registrar's Office.	
_____		_____			
Principal (Print name and sign)		Print name and sign			



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