## REQUEST FOR CHANGE OF PERSONAL INFORMATION

Student ID Number:	ID Number: Degree Program:			
	SECTIO CURRENT I		SECTION B: CHANGE REQUESTED	
LAST NAME				
FIRST NAME				
MIDDLE NAME				
EXT. NAME (JR., SR., II, ETC.)				
DATE OF BIRTH				
PLACE OF BIRTH				
CIVIL STATUS				
ADDRESS	NG	MA		
	PRO	CEDURES		
/ Pet 1484 No.		Change of Civil Status  1. CTC of Marriage Contract (If change is due to marriage)  2. CTC of Death Certificate (If change is due to the death of a spouse)		
PSA paper.	orth Certificate in		t Order (If change is due to annulment	
Correction of Name	Change of Address/Tel. No./Mobile No.			
student if of legal age or by at MCC)  2. Joint Affidavit of two (2) dis 3. CTC of the Birth Certi	<ol> <li>Affidavit of Change of Name (Executed by student if of legal age or by parent on-record at MCC)</li> <li>Joint Affidavit of two (2) disinterested parties</li> </ol>		<ol> <li>Proof of Billing (of parent for undergraduate students)</li> <li>Affidavit of Change of Address (for undergraduate students, executed by parents/guardians on record at MCC)</li> </ol>	
certificate of negistration is	otanzeu.			
The state of the s	pine Embassy/cons Copy (of the origin	ulate in the country wal).	or outside the Philippines must be where the affidavit was executed.	
STUDENT	PARENT/GUARDI (For undergraduate		OFFICE OF THE COLLEGE REGISTRAR	

IMPORTANT: Accomplish this form in Duplicate (1 copy for the Registrar, and 1 copy for the student's file).

Signature over printed name

(Attach a photocopy of ID with Signature)

Signature over printed name

Signature over printed name/Date