



UNIVERSITY OF SANTO TOMAS
OFFICE OF THE SECRETARY-GENERAL

IDENTIFICATION (ID) CARD APPLICATION FORM (ONLINE)

| PERSONAL DETAILS | |
|--|---|
| Name: _____ | Date: _____ |
| Faculty/College/Institute/School/Department/Office: _____ | ID No.: _____ |
| Complete Delivery Address: _____ | |
| <i>Note: The ID card will be sent to your address through an authorized courier service partner. Please ensure the completeness of the delivery address.</i> | |
| _____ <i>Applicant's Signature over Printed Name</i> Official E-mail Address: _____ | |
| CLEARANCE (<i>for student applicants only</i>) | |
| Approved by: _____ <i>Signature over printed name/ Date</i> SWDC of the Academic Unit | Approved by: _____ <i>Signature over Printed Name / Date</i> Director, Office for Student Affairs / Director's Representative |
| CLEARANCE <i>(for Faculty and Support Staff)</i> | PAYMENT DETAILS |
| Approved by: _____ <i>Signature over Printed Name/Date</i> SECRETARY-GENERAL | To be accomplished by the Applicant: Date Paid: _____ Amount Paid: _____ Official Receipt No.: _____ <i>(To be accomplished by the ID Room based on the submitted proof of payment)</i> |

UST:S006-00-FO29

