



UNIVERSITY OF SANTO TOMAS
OFFICE OF THE SECRETARY-GENERAL

IDENTIFICATION (ID) CARD APPLICATION FORM (**ONLINE**)

PERSONAL DETAILS	
Date: _____	
Name: _____	ID No.: _____
Faculty/College/Institute/School/Department/Office: _____	
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>	
_____ Applicant's Signature over Printed Name	
Official E-mail Address: _____	
CLEARANCE (for student applicants only)	
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 (for Faculty and Support Staff)	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

