



University of the Philippines
Manila
REQUEST TO CHANGE/CORRECT
INFORMATION

Date: _____

The University Registrar
UP Manila
Padre Faura St., Ermita, Manila

Dear Sir/Madame:

May I request for correction of my information detail(s) in the University records
from _____
to _____?

The reason for this request _____
_____.

Enclosed are supporting documents:

- Birth Certificate (Annotated PSA Copy)
- Marriage Certificate (PSA Copy)
- Affidavit of Discrepancy
- Affidavit of Two Disinterested Persons
- Court Order re: Change of Name

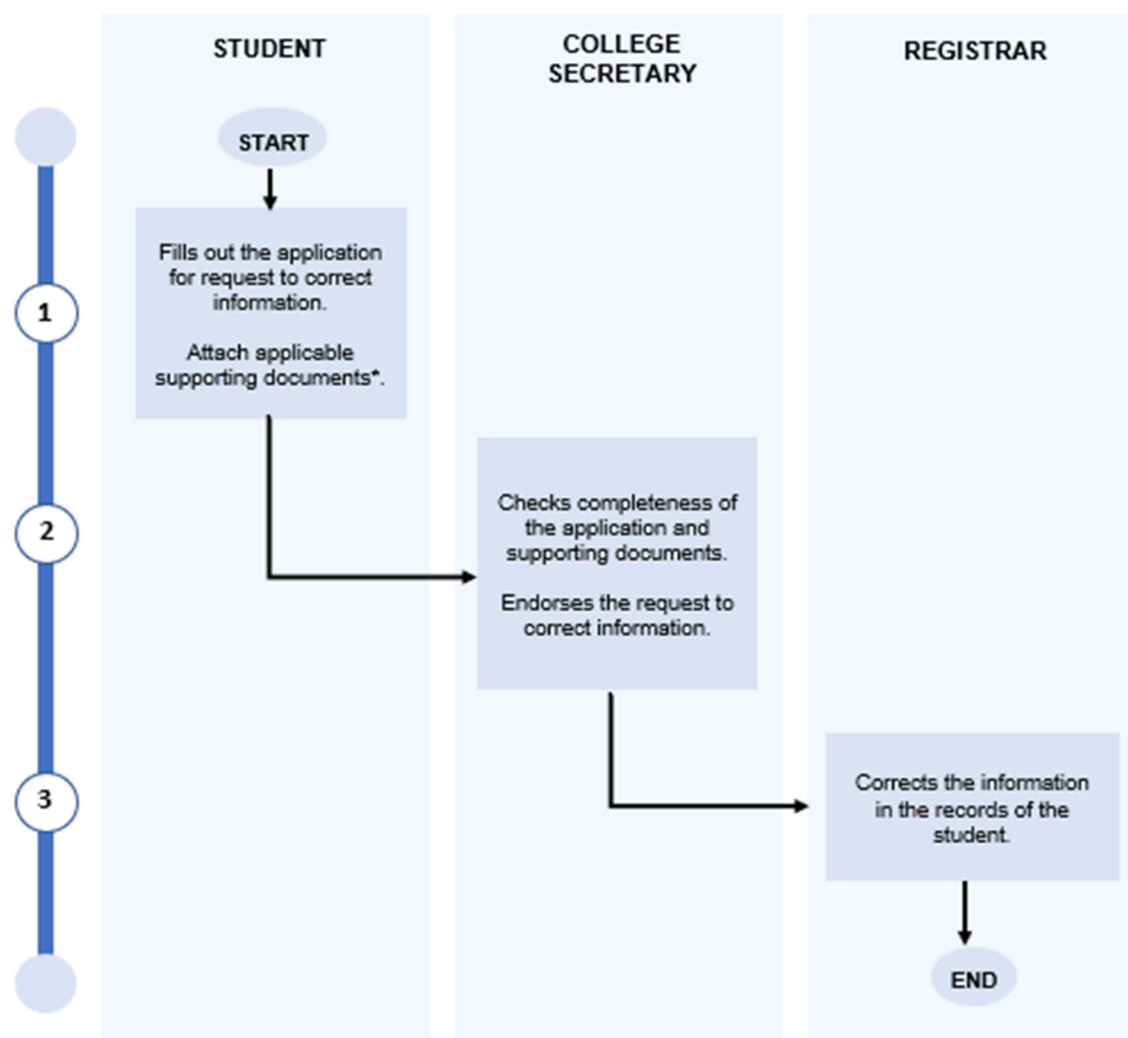
Truly,

Name and Signature of Student

Contact number: _____
 Email address: _____
 Student number: _____
 College: Pharmacy
 Semester and AY last enrolled: _____

Approved change should be based on supporting documents submitted

Application for Request to Correct Information Flowchart



- Supporting Documents:
 - Birth Certificate (PSA Copy)
 - Marriage Certificate (PSA Copy)
 - Affidavit of Discrepancy
 - Affidavit of Two Disinterested Persons
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