

PSHS-Bicol Region Campus
Goa, Camarines Sur

TEMPORARY ID

PHOTO

COMPLETE NAME:

Surname: _____
First Name: _____
Middle Name: _____

STUDENT NUMBER: _____

YEAR LEVEL: _____

IN CASE OF EMERGENCY, PLS. NOTIFY:

Name: _____

Address: _____

Tel. No. / CP #: _____

*This will serve as the basis of the ID card company
in making your ID. Please print LEGIBLY all data required.*

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