

OFFICE OF ALUMNI RELATIONS
University of the Philippines Manila
8/F, Central Block, Philippine General Hospital Complex
Taft Avenue, Manila Telefax: 525-3802

Application for UP Manila Alumni ID

NAME: _____ ID NO. _____

COLLEGE: _____ DEGREE: _____

SEMESTER & YEAR GRADUATED: _____

ADDRESS:

PRESENT ADDRESS: _____
Street Brgy. Province/City (Region)

PERMANENT ADDRESS: _____
Street Brgy. Province/City (Region)

TELEPHONE NO. /MOBILE NO. _____

E-MAIL ADDRESS: _____

FACEBOOK/TWITTER ADDRESS: _____

Amount: P150.00

Billed by: _____

Note: Please pay to the UP Manila cashier's office and submit this form with a 1"x1" ID picture and Official Receipt.