Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year: \_\_\_\_\_\_\_\_ Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of loss: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I, whose name appears above, do hereby declare that I lost my University Student ID Card and am unable to locate it despite my greatest effort.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name and Signature of Student Date Signed

I hereby attest that the student whose name appears above is a bona fide student enrolled in the College:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 College Dean

Noted:

**LORAINE S. TATTAO, Ph.D.**

Director, Student Development and Welfare

**F-OSSW-2604 Rev.3, November 2017**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Republic of the Philippines

**CAGAYAN STATE UNIVERSITY**

Andrews Campus, Caritan Tuguegarao City

­­­­**­OFFICE OF STUDENT DEVELOPMENT & WELFARE**

Telefax No.: (078) 844-1903)

**Control Number: OSDW-AL-2018-\_\_\_\_\_**

**AFFIDAVIT OF LOSS**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year: \_\_\_\_\_\_\_\_ Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of loss: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I, whose name appears above, do hereby declare that I lost my University Student ID Card and am unable to locate it despite my greatest effort.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name and Signature of Student Date Signed

I hereby attest that the student whose name appears above is a bona fide student enrolled in the College:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 College Dean

Noted:

**LORAINE S. TATTAO, Ph.D.**

Director, Student Development and Welfare

**F-OSSW-2604 Rev.3, November 2017**