**INFORMATION SHEET OF STUDENT ORGANIZATIONS OFFICERS**

*Privacy Notice: By responding to this form, you authorize the Student Organizations Unit to collect, process, retain or dispose of your personal information in accordance with the Data Privacy Act of 2012. All information shall be used solely for the student development program of the University.*

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| **Name of Organization** |  |
| **Academic Year** |  |

*2 x 2 coloured picture*

*(taken within the last 6 months)*

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| **Full Name** |  |
| **Position** |  |
| **Course & Major** |  |
| **Year and Section** |  |
| **Address** |  |
| **Email Address** |  |
| **Mobile Number** |  |
| **Landline** |  |
|  |
| **Emergency Contact Person** |  |
| **Contact Number** |  |

*2 x 2 coloured picture*

*(taken within the last 6 months)*

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