

Salale University
Office of the Registrar
Clearance form for Identification Card Replacement

When a student loses an identification card and asks for a replacement he/she has to have the signature of offices mentioned below for not withholding his/her identification card.

1) Student's Information

*Full Name*_____ *ID.No*_____

Department: _____ *Class Year*_____

*Semester*_____ *College:*_____

2) Approval of the Offices for not withholding the ID Card of the student

Offices/Department

Signature

Date

Department

Library

Dormitory/Housing Office

University Policy Office

Registrar Office
