

Certification of Official Org. Representatives

This is to certify that the

is officially represented by: _____
(Name of Organization)

Name of Representative	Position	* *Email Address	Signature

Noted by:

 (*Signature over Printed name)
Chairperson
 Email: _____
 Contact Number: _____

 (*Signature over Printed name)
Faculty Adviser
 Email: _____

* E-signatures are currently not accepted.

** Please write legibly.

Reminders:

- Credentials is case sensitive and irretrievable. It will be sent to the emails listed above. Should you wish to update your Bukluran credentials, kindly inform your fellow officers to avoid miscommunications.
- To ensure that the requesting party is from and for the organization, OSA will not accept an incomplete form.
- Information contained in this form is to ensure communication for registration and other org related activities and will be for UP use only.