

LADOKE AKINTOLA UNIVERSITY OF TECHNOLOGY INFORMATION AND COMMUNICATION TECHNOLOGY CENTRE ID CARD REQUEST FORM FOR STUDENTS

Type of Request: New () Replacement: Damaged () Lost ()

Staff name: _				. [
	surname	firstname	other	at the second se
Faculty:				AFRY PASSORI PHOTOGRAPH
Department: _				RI PHO
Matric No: -				ASSPO
Student Signature:				affitt
				,

Approved By: .		- Signature/Date:
	Name of Head of Dept/ Unit	Signature/Date

NOTE: The Following:

1. For Damaged Card, Attach Copy of your Payment Receipt.

2. For lost, Attach sworn affidavit and Copy of your Payment of Receipt.

	FOR OFFICIAL USE	
DIRECTOR, LICT:	SIGNATURE & DATE	