Disclaimer: This form is for student identity card processing **only.** It can not be used for other identification purposes.

LAGOS STATE UNIVERSITY, LAGOS NIGERIA.
STUDENT'S IDENTITY CARD
DATA FORM

FILL IN CAPITAL LETTERS **USE BLACK INK ONLY**

Please tick as appropriate

☐ New request ☐ Renewal ☐ Replacement.

Mode of Study																	

Full Time / Part Time / Weekend

Level				Campus													

Matriculation Number																	

Surname																	

First Name																	

Other Names																	

Sex							Marital Status								

Department																	

Faculty																	

Name of the H.O.D. / Assistant Director (SPTS Campus)

Signature

Name of the Dean of Faculty / Director SPTS

Signature

1'X1' Passport photo

Passport photograph **must** be on a white background '**only**'

Student's signature

For Official Use Only

Batch No:

Scanned by ……..……. Time: ……..……. Date …….

Processed by …….…… Time ……..….. Date …...……..

Number of Renewal ☐ Number of Replacement ☐