



**ASSOCIATION OF COLLEGE AND UNIVERSITY REGISTRARS AND  
LIAISON OFFICERS (ACURLO) RIV-A**  
c/o Office of the Registrar, De La Salle Lipa  
1962 J.P. Laurel National Highway 4217 Lipa City  
(043) 756 – 2491 / 756- 5555 loc 222

**PRE- REGISTRATION FORM**

Date : \_\_\_\_\_

Last Name : \_\_\_\_\_

First Name : \_\_\_\_\_

Middle Name : \_\_\_\_\_

Age : \_\_\_\_\_ Gender : \_\_\_\_\_

Position : \_\_\_\_\_ Years of Service as Registrar/Liaison Officer \_\_\_\_\_

School : \_\_\_\_\_

Cluster/Province : \_\_\_\_\_

Contact Numbers : \_\_\_\_\_

E-mail Address : \_\_\_\_\_

\_\_\_\_\_  
Signature over Printed Name