

**UNIVERSITY OF THE PHILIPPINES LOS BAÑOS**  
**OFFICE OF STUDENT AFFAIRS**  
**SCHOLARSHIPS AND FINANCIAL ASSISTANCE DIVISION**  
**STUDENT LOAN BOARD (SLB) PROGRAM**  
**REQUEST FORM TO AVAIL OF 100% STUDENT LOAN BOARD (SLB)**

\_\_\_\_\_ Semester A.Y. \_\_\_\_\_ - \_\_\_\_\_

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

Name of Student: \_\_\_\_\_

(Surname) (Given Name) (M.I.)

Student No.: \_\_\_\_\_ SAIS ID: \_\_\_\_\_ College: \_\_\_\_\_ Degree: \_\_\_\_\_ Year Level: \_\_\_\_\_

Home Landline No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

(Surname) (Given Name) (M.I.)

Home Landline No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

(House No./Street/Subdivision) (Barangay)

(Town/City) (Province)

-Content of the request-

\_\_\_\_\_  
Signature of Student

Attested by (as to the financial incapacity of student): \_\_\_\_\_ Endorsed by: \_\_\_\_\_

\_\_\_\_\_  
(Name and Signature of Parent, or Legal Guardian, or Professor) \_\_\_\_\_ Dean

**Computation of Student Loan – Current and Outstanding Account** *(For SFAD Personnel use only):*

Semester/Academic Year	Principal (₱)	Interest (₱)	Partial Payment (₱)	Balance (₱)
Certified by: <b>CICERO M. PEÑAFLOR</b> Coordinator, Student Loan			<b>TOTAL as of</b>	

**STS Percentage** \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_   
**Discount:** \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

Certified Correct: \_\_\_\_\_

**JENETTE LORY P. TAMAYO**  
Head, SFAD-OSA

**RECOMMENDATION OF SPECIAL COMMITTEE ON  
STUDENT LOAN BOARD (SLB) PROGRAM**

ATTY. ELENO O. PERALTA, Director, OSA	Approval <input type="text"/>	Disapproval <input type="text"/>	Date _____
DR. MYRNA G. CARANDANG, University Registrar	<input type="text"/>	<input type="text"/>	_____
Remarks:	_____ _____		

Chancellor's Action: ☐ Approved ☐ Disapproved

\_\_\_\_\_  
**DR. FERNANDO C. SANCHEZ JR.**  
Chancellor

INSTRUCTIONS:

- A. Fill-out the request form legibly;
- B. Indicate in the “content of the request” portion (in letter format address to the Chancellor) the following information:
  - 1. Reason/s for the 100% SLB request and of the delayed payment
  - 2. Settlement date of loan
  - 3. Your signature;
- C. Have the request form signed by your parent, legal guardian, or a tenured UPLB faculty;
- D. Submit the request form to the student loan personnel at Window 2 or 3, OSA-SFAD, Room 6, 2/F, S.U. Bldg., for certification that the student has no outstanding loans.
- E. Proceed to ST System Office at Room 5, 2/F, S.U. Bldg. for STS Percentage Discount certification;
- F. Have the request form endorsed by your College Dean;
- G. Have the Special Committee on the Student Loan Board (SLB) Program evaluate and sign your request. The office of Atty. Eleno O. Peralta, OSA Officer-in-Charge, is located at Room 2, 2/F, S.U. Bldg. while that of Dr. Myrna G. Carandang, University Registrar, is at the Office of the University Registrar, G/F, NCAS Bldg.;
- H. Forward the request form to the UPLB Office of the Chancellor for appropriate action; and
- I. Upon approval by the Chancellor, have the request form photocopied and submit the original copy to the student loan personnel at Window 2 or 3, OSA-SFAD, Room 6, 2/F, S.U. Bldg. You may now proceed with your SLB application.

Note: Only those students without overdue account/s from the Student Loan Board (SLB) Program can avail of 100% SLB.

DATA PRIVACY CONSENT FORM

The undersigned, one of the applicants/grantees of the \_\_\_\_\_, has given permission to the OSA staff in charge of the scholarship/financial assistance in the collection, lawful use, and disclosure of my personal information which may include my student number, name, contact information, address, course, academic performance (i.e. number of units enrolled, subject’s with grade/s obtained) and grant details.

I, further confirm that the OSA and other appropriate offices in the University are authorized to provide the above information to legitimate offices/institutions requesting specific information in relation to the awarding/renewal of my scholarship/financial assistance within the specified academic period.

This consent enables the OSA to comply with R.A. 10173, otherwise known as the Philippine Data Privacy Act of 2012.

I certify that the information given above is true and correct.

I consent to the processing of my personal and sensitive personal information contained in this form and in documents submitted for my scholarship/financial assistance application for the purpose of enabling the University of the Philippines System including all the relevant System and Constituent University Offices to verify my identify, prevent fraud, process my application, determine whether I am qualified to avail of my scholarship or other similar financial or other assistance, conduct research using non identifiable information in order to study the effectiveness of the University’s scholarships and other financial assistance programs and assess how to improve the systems for the selection and execution of scholarship/financial assistance programs.

I further expressly agree that the concerned System and/or CU office may directly obtain all my relevant student records whether in electronic or paper based format in order to verify the information contained in my application for the purpose of determining my eligibility for the scholarship and other financial assistance from the relevant UP Registrar, disciplinary board or tribunal and other University offices.

I expressly authorize the University to provide information required by the scholarship/financial assistance funders or sponsors for the purpose of enabling the latter to determine whether or not to continue to provide financial and other assistance with the assurance that the University will require such parties to observe strict compliance with the Philippine Data Privacy Act and other related laws and issuances when they process my personal and sensitive personal information.

I understand that the University of the Philippines including System and CU offices are authorized to process my personal and sensitive personal information without need of my consent pursuant to the relevant portions of Sections 4, 12, and 13 of the Philippine Data Privacy Act.

\_\_\_\_\_  
Signature over printed name of student  
Date: \_\_\_\_\_

If the student is a minor:

\_\_\_\_\_  
Signature over printed name of parent/guardian  
Date: \_\_\_\_\_