



Republic of the Philippines  
**Department of Education**

REGION IX  
SCHOOLS DIVISION OF ZAMBOANGA DEL NORTE

**DepEd Email Request Form**

Personal DepEd Email     School DepEd Email

**I. REQUEST INFORMATION**

Name of Requestor (Last, First, Middle) :	Position/ Designation:
District:	School/ Office:
School ID:	Contact Number:
DepEd Email (if existing):	Reason for Request:

**II. TYPE OF REQUEST**

New Account     Password Reset     Multi-factor Authentication Removal  
 Update Information     Reactivation

**III. FOR REPRESENTATIVE (IF NOT THE OWNER OF THE ACCOUNT)**

Name of Representative:	Authorization Letter Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Owner's Valid ID Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Owner:	

**IV. ATTACHMENTS CHECKLIST**

Valid ID  
 Proof of Employment for new account request (e.g., Appointment, Assignment Order)  
 Authorization Letter (if request is by a representative)

**V. SIGNATURE**

Signature of Requestor:	Date:
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**DATA PRIVACY STATEMENT**

Pursuant to the Data Privacy Act of 2012 (RA 10173), the information collected through this form shall be used solely for the purpose of verifying and processing official DepEd email requests. All personal information shall be kept secure and shall not be disclosed without your consent, unless required by law. By signing and submitting this form, you consent to the collection and use of your personal data in accordance with this policy.