Republic of the Philippines
Department of Education
NATIONAL CAPITAL REGION
SCHOOLS DIVISION OFFICE QUEZON CITY

ACCOUNT UNBLOCK & PORTAL RESTORATION FORM

SECTION A: ACCOUNT HOLDER INFORMATION

Full Registered Name: _____

Registered Email Address: _____

Assigned Role (Intern / Supervisor): _____

Office / Assignment Division: _____

SECTION B: LOCKOUT & SECURITY DETAILS

Date / Time of Portal Suspension: _____

Reason for Suspension (if provided): _____

SECTION C: STATEMENT & SECURITY CLEARANCE

Please explain the cause of lockout and state your clearance request:

_____

_____

Important Direction: *Account unblocking is subject to administrative security checks. Ensure all security questions and identity confirmations are validated.*

PRINTED NAME OVER SIGNATURE	**ENDORSING OFFICER / ADMIN**
Date signed: _____	Date signed: _____