**INFORME DE VERIFICACIÓN DE IDENTIDAD**

**COD.: UNACH-DGF-06-03.01**

**DOCENTE RESPONSABLE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FECHA:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **NOMBRE** | **CÉDULA DE IDENTIDAD** | **FECHA DE NACIMIENTO** | **COMPROBACIÓN DE FOTO** | **FIRMA** |
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**FIRMA DOCENTE RESPONSABLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**