

REGISTRAR'S OFFICE USE ONLY	FINANCE USE ONLY				
Payment for:	O.R. No				
Request Received by:	Amount Paid:				

REQUEST FOR DOCUMENTS

PLEASE PRINT

DATE RECEIVED DATE OF RELEASE								
PERSONAL INFORMATION				ACADEMIC INFORMATION				
LAST NAME				STUDENT NO./LRI	N			
FIRST NAME				GRADE/YEAR LEVI				
MIDDLE NAME				3.4.12.4.12.4.2.4.2.4.2.4.2.4.2.4.2.4.2.4				
ADDRESS				GRADUATION				
				☐ Yes, I graduated on ☐No, I last attended on				
BIRTHDATE				SY				
SIGNATURE	Date							
Document/s	cument/s quested Diploma TOR/SF10 Transfer Credentials (Honorable Dismissal) Certification of Graduation Certification of Weigh Average Certification of Good Moral Character Certification of Enrollment			CONTACT INFORMATION				
Nequesteu				MOBILE NO.:				
				EMAIL ADDRESS:				
				SCHOOL INFORMATION				
				Name of Elementary School graduated:				
Purpose	☐ Employment☐ Evaluation☐ Board Examination			Year: Name of Junior High School completed:				
				Year:				
	☐ Scholarship			Name of Senior High School graduated: Year:				
	☐ Others							
CLEARANCE								
OFFICE	REMARKS	SIGNATURE		OFFICE	REMA	RKS	SIGNATURE	
LIBRARY			REGISTRAR					
FINANCE			PRIN	PRINCIPAL/HEAD				
NOTE				IMPORTANT				
Any "X" grade incurred which has not been completed REC				QUESTED DOCUMENT NOT CLAIMED AFTER SIXTY				
(00)				CALENDAR DAYS WLL BE DESTROYED.				
longer be completed.								
CLAIM SLIP								
Name:								
Name: Request for:								
\square Transcript of Records \square SF 10 \square Transfer Credential \square Certification								
DATE OF RELEASE: CLAIMING TIME: 9:00 a.m. – 4:00 p.m. only								
IMPORTANT:								

- ✓ Per your claim slip date, come and **BRING A VALID ID**. If you cannot personally come, your representative can bring your & his/her valid ID and your letter of authorization duty notarized.
- ✓ Requested documents not claimed **after sixty (60)** calendar days will be destroyed.