



MANILA TYTANA COLLEGES

Formerly Manila Doctors College

Metrobank Group

Form No. 14-B

AUTHORITY TO RELEASE RECORDS

This is to authorize MANILA TYTANA COLLEGES to release my academic records and/or verify the authenticity of my school documents in connection with my application for employment, regularization and/or promotion.

Likewise, this is to authorize the employer/company _____, through its employment agency or representative, to obtain academic records and/or verify the authenticity of my school documents from Manila Tytana Colleges.

Through this, I am also voluntarily waiving the privacy of my academic records and holding Manila Tytana Colleges, its school officers and staff free from any liabilities or damages in connection with its release of academic records and/or verification of the authenticity of the aforesaid school documents.

Signature over printed name of graduate

Date signed: _____

Student No.: _____

Contact No.: _____

Email Address: _____