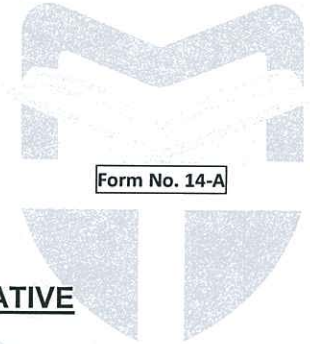




MANILA TYTANA COLLEGES

Formerly Manila Doctors College

Metrobank Group



Form No. 14-A

REQUEST FOR RECORDS BY AN AUTHORIZED REPRESENTATIVE

I, _____, hereby authorize _____

(Name of Principal Party Requesting)

(Name of Representative)

to request and receive documents issued by the Office of the College Registrar of Manila Tytana Colleges for and in my behalf.

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

Signature over printed name of the Representative

Date signed: _____

ID to be presented: _____

Contact No.: _____

Signature over printed name of graduate

Date signed: _____

Student No.: _____

Contact No.: _____

Email Address: _____