

## DOCUMENT REQUISITION FORM

|                               |                        |
|-------------------------------|------------------------|
| <b>Date of Request:</b> _____ | <b>Due Date:</b> _____ |
|-------------------------------|------------------------|

|  |  |                    |
|--|--|--------------------|
| <b>PERSONAL INFORMATION:</b>                               |  |                    |
| LAST NAME(MAIDEN NAME) _____                               | FIRST NAME _____   | MIDDLE NAME _____  |
| MAILING ADDRESS: _____                                     |  | CONTACT NO. _____  |
| SEX: <input type="checkbox"/> M <input type="checkbox"/> F | CIVIL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married | NATIONALITY: _____ |

|   |  |  |
|---|--|--|
| <b>ACADEMIC INFORMATION:</b>              |  |  |
| COURSE: _____                             | STUDENT NUMBER: _____                  |  |
| <i>PLEASE PUT A CHECK MARK ON THE BOX</i> |  |  |
| GRADUATE: <input type="checkbox"/>        | NON-GRADUATE: <input type="checkbox"/> | CURRENTLY ENROLLED: <input type="checkbox"/> |
| DATE OF GRADUATION: _____                 | COURSE/YEAR/SEC: _____                 | COURSE/YEAR/SEC: _____                       |
| BATCH: _____                              | LAST SEMESTER ATTENDED: _____          | SCHOOL YEAR: _____                           |

|                       | DOCUMENT TYPE  | NO. OF COPIES  | PRICE |
|-----------------------|--|--|-------|
| TRANSCRIPT OF RECORDS | <input type="checkbox"/> Official (for Employment Purposes)<br><input type="checkbox"/> Official (for Evaluation Purposes)<br><input type="checkbox"/> Official (for Board Exam/PRC Purpose)<br><input type="checkbox"/> Official (for Evaluation outside the Philippines)<br>Others _____ | 1 2 3 4 5 ___<br>1 2 3 4 5 ___<br>1 2 3 4 5 ___<br>1 2 3 4 5 ___                                   |       |
| CERTIFICATION         | <input type="checkbox"/> Enrollment Purpose: _____<br><input type="checkbox"/> Units Earned<br><input type="checkbox"/> Graduation<br><input type="checkbox"/> GWA<br><input type="checkbox"/> English as medium of instruction<br><input type="checkbox"/> Grade Equivalent               | 1 2 3 4 5 ___<br>1 2 3 4 5 ___<br>1 2 3 4 5 ___<br>1 2 3 4 5 ___<br>1 2 3 4 5 ___<br>1 2 3 4 5 ___ |       |
| FOREIGN DOCUMENTS     | <input type="checkbox"/> CGNFS <input type="checkbox"/> NCLEX <input type="checkbox"/> An Bord<br><input type="checkbox"/> CES/VisaScreen <input type="checkbox"/> Vermont <input type="checkbox"/> New Mexico<br><input type="checkbox"/> New York State Verification<br>Others _____     | 1 2 3 4 5 ___  |       |
| AUTHENTICATION        | <input type="checkbox"/> Diploma/TOR<br><input type="checkbox"/> CAV – for CHED<br>Others _____  | 1 2 3 4 5 ___<br>1 2 3 4 5 ___   |       |
| OTHER DOCUMENTS       | <input type="checkbox"/> Copy of Grades/Scholastic Record<br><input type="checkbox"/> Transfer Credentials/Honorable Dismissal<br><input type="checkbox"/> Course Curriculum Purpose: _____<br><input type="checkbox"/> Course Description<br>Others _____                                 | 1 2 3 4 5 ___<br>1 2 3 4 5 ___<br>1 2 3 4 5 ___<br>1 2 3 4 5 ___                                   |       |
| <b>TOTAL</b>          |  |  |       |

### CLAIM STUB

**Date of Release:** \_\_\_\_\_

|  |                                  |
|--|----------------------------------|
| <b>Name of Applicant:</b> _____  | <b>Requested Document:</b> _____ |
| LAST NAME                      FIRST NAME                      MIDDLE NAME   |                                  |
| <b>FORM OF RELEASE:</b>  |                                  |
| <input type="checkbox"/> Pick-up; personally <input type="checkbox"/> Pick-up; by a representative/proxy <input type="checkbox"/> Send via mail to the address indicated |                                  |

**REMINERS:**

- After payment, please return this form to the Registrar's Office.
- Documents not claimed after 60 days will be destroyed.
- For representatives kindly present an authorization letter and valid ID when claiming the documents requested.

**For follow-up call:**  
 Tel Nos. 859-0820/859-0804