



REQUEST FOR SCHOOL RECORDS		
DATE OF FILING _____		
PERSONAL INFORMATION		
LAST NAME _____		
FIRST NAME _____		
MIDDLE NAME _____		
DATE OF BIRTH _____		
CONTACT NO. _____		
PERSONAL EMAIL ADD. _____		
ACADEMIC INFORMATION		
EDUCATIONAL LEVEL	<input type="checkbox"/> Basic Education <input type="checkbox"/> Senior HS Grade Level _____ Strand _____	
	<input type="checkbox"/> College <input type="checkbox"/> Graduate School Program/Major _____ <input type="checkbox"/> Graduate Date of Graduation _____ <input type="checkbox"/> Undergraduate	
STUD ID NO. _____		
Admission Status	School Last Attended	Year
<input type="checkbox"/> New	_____	_____
<input type="checkbox"/> Transferee	_____	_____
REQUEST FOR:		
<input type="checkbox"/> <b>Certification</b> <input type="checkbox"/> Candidacy for Graduation <input type="checkbox"/> Course/Subject Description <input type="checkbox"/> English as Medium of Instruction <input type="checkbox"/> Enrollment/Attendance <input type="checkbox"/> General Point Average (GPA) <input type="checkbox"/> General Weighted Average (GWA) <input type="checkbox"/> Grades <input type="checkbox"/> Graduation <input type="checkbox"/> Graduation Awards Received (if any) <input type="checkbox"/> Ranking (for BED and SHS only) <input type="checkbox"/> Others _____		
<input type="checkbox"/> <b>Certificate of Eligibility to Transfer</b> (for graduates only)		
<input type="checkbox"/> <b>Transcript of Records</b> <b>Purpose:</b> <input type="checkbox"/> for Board Exam <input type="checkbox"/> for Study Abroad <input type="checkbox"/> for Employment <input type="checkbox"/> for Travel Abroad <input type="checkbox"/> for Further Studies <input type="checkbox"/> Others _____		
<input type="checkbox"/> <b>Authentication/Certified True Copy of School Records</b> <input type="checkbox"/> <b>CAV</b> (Certification, Authentication, Verification) <input type="checkbox"/> <b>Second Copy</b> <input type="checkbox"/> Diploma <input type="checkbox"/> Others _____		
<input type="checkbox"/> <b>Correction of Name</b> (for BED and SHS only)		
DATA PRIVACY CONSENT		
<p>I hereby affirm that all information supplied is complete and accurate. Withholding or giving false information will make me ineligible for my request.</p> <p>Further, I agreed to the collection and processing of my data for the purpose of the request of my school credentials to Colegio de San Juan de Letran Calamba. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and that I am required to provide truthful information. I understand that my personal information shall not be shared or disclosed with other parties without consent unless the disclosure is required by, or in compliance with applicable laws and regulations.</p>		
_____ <b>Signature over Printed Name/Date</b>		
PAYMENT		
_____	Amount	
_____	Official Receipt (OR) No.	
_____	Date	
_____	Cashier's Signature	
Received by/Date: _____		
Date of Release: _____		



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