Colegio de San Juan de Letran Calamba
City of Calamba, Laguna
REGISTRAR'S DEPARTMENT
BED Records Unit

AUTHORIZED WITHDRAWAL (AW) FORM

DATE OF FILING		A.Y.	
PERSONAL INFORMATION		**ACADEMIC INFORMATION**	
LAST NAME		ID NO.	
FIRST NAME		GRADE LEVEL	
MIDDLE INITIAL		SECTION	
CONTACT INFORMATION			
MOBILE NO.		PERSONAL e-MAIL ADDRESS	

SUBJECT/S TO BE DROPPED

Subject Code	Subject	Teacher's Signature/Date

REASON/S FOR DROPPING

_____
Parent/Guardian's Signature over Printed Name / Date

DATA PRIVACY CONSENT

I hereby affirm that all information supplied is complete and accurate. Withholding or giving false information will make me ineligible for my request.

Further, I agreed to the collection and processing of my data in relation to my *request for* ***authorized withdrawal*** 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.

_____
Signature over Printed Name/Date

ACTION TAKEN

Endorsed by:	**[ ] Approved [ ] Disapproved by:**	**Encoded by:**
_____	_____	_____
Principal	**Registrar/BED Records Officer**	**BED Records Assistant**
Signature over Printed Name	Signature Over Printed Name	Signature Over Printed Name/Date

NOTE:

1. *This form must be accomplished in two copies (BED Records Unit/Learner).*
2. *This form is deemed valid upon submission to the BED Records Unit on or before _____.*
3. *Please attach a photocopy of any valid ID of the parent/guardian.*

Learner's Copy Received by: _____ Date:_____

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