



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

18:00-02-FO-06

AUTHORIZATION FORM

THIS IS TO AUTHORIZE the bearer, _____,
who is my _____ and whose signature appears below to request for and/or
received documents (_____) issued by the Registrar's
Department of the Colegio de San Juan de Letran Calamba.

THIS IS TO WAIVE the privacy of academic records and hold Colegio de San Juan de Letran
Calamba, its Registrar, and school officials free from any liabilities or damages in connection
with the release of documents requested by companies and other entities for employment and
verification purposes.

Requesting Party:

Authorized Representative:

Signature over Printed Name
Date _____
Valid ID presented _____

Signature over Printed Name
Date _____
Valid ID presented _____



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