



REQUEST FOR SCHOOL RECORDS		
DATE OF FILING _____		
PERSONAL INFORMATION		
LAST NAME _____		
FIRST NAME _____		
MIDDLE NAME _____		
DATE OF BIRTH _____		
ADDRESS _____		
CONTACT NO. _____		
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"/> Certification <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"/> Certificate of Eligibility to Transfer (for graduates only)		
<input type="checkbox"/> Transcript of Records <i>Purpose:</i> <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"/> Authentication/Certified True Copy of School Records		
<input type="checkbox"/> CAV (Certification, Authentication, Verification)		
<input type="checkbox"/> Second Copy <input type="checkbox"/> Diploma <input type="checkbox"/> Others _____		
<input type="checkbox"/> Correction of Name (for BED and SHS only)		
PREFERENCE		
<i>Please check:</i> <input type="checkbox"/> To be claimed <input type="checkbox"/> To be mailed		
PAYMENT		
_____	Amount	
_____	Official Receipt (OR) No.	
_____	Date	
_____	Cashier's Signature	
Received by/Date: _____		
Date of Release: _____		



LETRAN CALAMBA
COLEGIO DE SAN JUAN DE LETRAN CALAMBA

PAYMENT OPTIONS

Account Name:
COLEGIO DE SAN JUAN DE LETRAN CALAMBA, INC.



245610-0137-43
PHILIPPINE NATIONAL BANK(PNB)
Bucal Branch

Sender's Name: **Student's Name**
Receiver's Name: **Letran Calamba**
Transaction Type: **Collections**
Amount: **Amount to be Paid**
Reference No.: **Student Number**



007710086613
BANCO DE ORO(BDO)
Canlubang i-Mall Branch



10-107-007323-0
UNION BANK
Calamba Branch



0923-3236-19
BANK OF THE PHILIPPINE ISLANDS(BPI)
Calamba Real Branch (*Online Banking Only*)



Email the validated deposit slip/proof of online transaction indicating the following:

- 1. Name of student:** _____
- 2. Student ID number:** _____
- 3. Contact number:** _____
- 4. Note "Payment for _____"**

Send the proof of payment to:

cashier@letran-calamba.edu.ph
registrar@letran-calamba.edu.ph
askregd@letran-calamba.edu.ph
bedrecords_request@letran-calamba.edu.ph

For further inquiries, you may call us at
(049) 545-5453 Loc. 2051,2052, & 2055 from
Tuesday to Thursday 9:00am-4:00pm.