



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



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City of Calamba, Laguna
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GRADUATE'S 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		
Student's ID No.		
School/Dept./Strand		
Admission Status	School Last Attended	Year
[] New	_____	_____
[] Transferee	_____	_____
Date of Graduation		
REQUEST FOR:		
<input type="checkbox"/> Certification <input type="checkbox"/> English as Medium of Instruction <input type="checkbox"/> Enrollment <input type="checkbox"/> Grades/General Weighted Average (GWA) <input type="checkbox"/> Graduation/Awards Received (<i>if any</i>) <input type="checkbox"/> Ranking <input type="checkbox"/> Subject Description <input type="checkbox"/> Others _____		
<input type="checkbox"/> Transcript of Records Purpose: <input type="checkbox"/> for Employment <input type="checkbox"/> for Study Abroad <input type="checkbox"/> for Travel Abroad <input type="checkbox"/> for Visa Application <input type="checkbox"/> Others _____		
<input type="checkbox"/> Authentication of School Records <input type="checkbox"/> CAV (Certification, Authentication, Verification) <input type="checkbox"/> Diploma (Second Copy) <input type="checkbox"/> Correction of Name		
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:		

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