



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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UNDERGRADUATE'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.	
Grade Level/Strand	
Admission Status	School Last Attended Year
[] New	_____
[] Transferee	_____
Year of Entry (Letran)	_____
Last Attendance (Letran)	_____
REQUEST FOR:	
<input type="checkbox"/> Certification () Candidacy for Graduation () English as Medium of Instruction () Enrollment/Attendance () Grades/General Weighted Average (GWA) () Ranking () Subject Description () Others _____	
<input type="checkbox"/> Transcript of Records <i>Purpose:</i> () for Study Abroad () for Travel Abroad () for Visa Application () Others _____	
<input type="checkbox"/> Authentication of School Records <input type="checkbox"/> CAV (Certification, Authentication, Verification) <input type="checkbox"/> Correction of Name <input type="checkbox"/> Others _____	
PREFERENCE	
<i>Please check:</i>	
[] To be claimed	
[] To be mailed	
PAYMENT	
_____	Amount
_____	Official Receipt (OR) No.
_____	Date
_____	Cashier's Signature
Received by/Date:	
Date of Release:	

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