



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

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.	
Program/Major	
Admission Status	School Last Attended Year
[] New	_____
[] Transferee	_____
Date of Graduation	
REQUEST FOR:	
[] Certification	
() Course Description	
() English as Medium of Instruction	
() General Weighted Average (GWA)	
() General Point Average (GPA)	
() Grades	
() Graduation	
() Others _____	
[] Certificate of Eligibility to Transfer	
[] Transcript of Records	
Purpose:	
() for Board Exam () for Employment	
() for Further Studies () for Travel Abroad	
() for Study Abroad	
() Others _____	
[] Authentication of School Records	
[] CAV (Certification, Authentication, Verification)	
[] Second Copy	
() Diploma () Computerized Card	
PREFERENCE	
Please check:	
[] To be claimed	
[] To be mailed	
PAYMENT	
_____	Amount
_____	Official Receipt (OR) No.
_____	Date
_____	Cashier's Signature
Received by/Date:	
Date of Release	