



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.	
Program/Major	
Admission Status	
	School Last Attended
	Year
[] New	_____
[] Transferee	_____
Year of Entry (Letran) _____	
Last Attendance (Letran) _____	
REQUEST FOR:	
[] Certification	
() Candidacy for Graduation	
() Course Description	
() English as Medium of Instruction	
() Enrollment/Attendance	
() General Weighted Average (GWA)	
() General Point Average (GPA)	
() Grades	
() Others _____	
[] Transcript of Records	
Purpose:	
() for Employment	
() for Study Abroad	
() for Travel Abroad	
() for Board Exam	
() Others _____	
[] Authentication of School Records	
[] CAV (Certification, Authentication, Verification)	
[] Second Copy	
() Transfer Credentials () Computerized Grade 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	