

**Colegio de San Juan de Letran Calamba**

City of Calamba, Laguna  
**REGISTRAR'S DEPARTMENT**  
 Graduate School Records Unit

**Colegio de San Juan de Letran Calamba**

City of Calamba, Laguna  
**REGISTRAR'S DEPARTMENT**  
 Graduate School Records Unit

GRADUATE'S REQUEST FOR SCHOOL RECORDS						
<b>PERSONAL INFORMATION</b>						
Last Name						
First Name						
Middle Name						
Address						
Contact No.						
Date of Birth						
<b>ACADEMIC INFORMATION</b>						
Student's ID No.						
Program						
Admission Status	<input type="checkbox"/> Regular		<input type="checkbox"/> Transferee			
Date of Graduation						
<b>RECORDS REQUESTED</b>						
<input type="checkbox"/> <b>Certification</b> <input type="checkbox"/> Course Description <input type="checkbox"/> English as Medium of Instruction <input type="checkbox"/> General Weighted Average (GWA) <input type="checkbox"/> Grades <input type="checkbox"/> Graduation <input type="checkbox"/> Others _____						
<input type="checkbox"/> <b>Certificate of Eligibility to Transfer</b>						
<input type="checkbox"/> <b>Transcript of Records</b> <i>Purpose:</i> <input type="checkbox"/> for Board Exam <input type="checkbox"/> for Employment <input type="checkbox"/> for Further Studies <input type="checkbox"/> for Travel Abroad <input type="checkbox"/> for Study Abroad <input type="checkbox"/> for Transfer <input type="checkbox"/> Others _____						
<input type="checkbox"/> <b>Authentication of School Records</b>						
<input type="checkbox"/> <b>CAV</b> (Certification, Authentication, Verification)						
<input type="checkbox"/> <b>Second Copy</b> <input type="checkbox"/> Diploma <input type="checkbox"/> Computerized Card						
<b>PAYMENT</b>						
_____	Amount					
_____	Official Receipt (OR) No.					
_____	Date					
_____	Cashier's Signature					

UNDERGRADUATE'S REQUEST FOR SCHOOL RECORDS						
<b>PERSONAL INFORMATION</b>						
Last Name						
First Name						
Middle Name						
Address						
Contact No.						
Date of Birth						
<b>ACADEMIC INFORMATION</b>						
Student's ID No.						
Program						
Admission Status	<input type="checkbox"/> Regular		<input type="checkbox"/> Transferee			
Year of Entry						
Last Attendance						
<b>RECORDS REQUESTED</b>						
<input type="checkbox"/> <b>Certification</b> <input type="checkbox"/> Candidacy for Graduation <input type="checkbox"/> Course Description <input type="checkbox"/> English as Medium of Instruction <input type="checkbox"/> Enrollment/Attendance <input type="checkbox"/> General Weighted Average (GWA) <input type="checkbox"/> Grades <input type="checkbox"/> Others _____						
<input type="checkbox"/> <b>Transcript of Records</b> <i>Purpose:</i> <input type="checkbox"/> for Employment <input type="checkbox"/> for Study Abroad <input type="checkbox"/> for Travel Abroad <input type="checkbox"/> Others _____						
<input type="checkbox"/> <b>Authentication of School Records</b>						
<input type="checkbox"/> <b>CAV</b> (Certification, Authentication, Verification)						
<input type="checkbox"/> <b>Second Copy</b> <input type="checkbox"/> Transfer Credentials <input type="checkbox"/> Computerized Card						
<b>PAYMENT</b>						
_____	Amount					
_____	Official Receipt (OR) No.					
_____	Date					
_____	Cashier's Signature					