

AUTHORIZED WITHDRAWAL (AW) FORM								
DATE OF FILING			A.Y.					
PERSONAL INFORMATION			ACADE	EMIC INFORMATION				
LAST NAME			ID NO.					
FIRST NAME			GRADE LEVEL					
MIDDLE INITIAL			SECTION					
CONTACT INFORMATION								
MOBILE NO. PERSONAL e-MAIL								
ADDRESS								
	SUBJECT/S TO BE DROPPED							
Subject Code	е	Subject		Teacher's Signature/Date				
		REASON/S FO	OR DROPPING					
REASON/S FOR DROPPING								
	Paren	t/Guardian's Signatu	re over Printed Name / D	Date Date				
		DATA PRIVA	CY CONSENT					
I hereby affirm that all information supplied is complete and accurate. Withholding or giving false information will make me ineligible for my request.								
Further, I agreed to the collection and processing of my data in relation to my request for authorized withdrawal to Colegio de San Juan de Letran								
Calamba. I understand t	hat my personal informa	ation is protected by RA	10173, Data Privacy Act of 20	012, and that I am required to provide truthful				
information. I understand that my personal information shall not be shared or disclosed with other parties without consent unless the disclosure is								
required by, or in compliance with applicable laws and regulations.								
Signature over Printed Name/Date								
ACTION TAKEN								
Endorsed by:		[] Approved [] D		Encoded by:				
				•				
	in al	Danier Inc.	December Office	DED Beards Assists				
Princ Signature over			O Records Officer Per Printed Name	BED Records Assistant Signature Over Printed Name/Date				
NOTE:	i iiileu Naiile	j Signature Ov	er chilicu Name	Signature Over Fillited Name/Date				
This form must be accomplished in two copies (BED Records Unit/Student).								
2. This form is deemed valid upon submission to the BED Records Unit on or before 3. Please attack a photosopy of any valid ID of the parent/guardien.								
3. Please attach a photocopy of any valid ID of the parent/guardian.								
Student's Copy Received by: Date:								



AUTHORIZED WITHDRAWAL (AW) FORM								
DATE OF FILING			A.Y.					
PERSONAL INFORMATION			ACADEMIC INFORMATION					
LAST NAME			ID NO.					
FIRST NAME			GRADE LEVEL					
MIDDLE INITIAL			SECTION					
CONTACT INFORMATION								
MOBILE NO.			PERSONAL e-MAIL					
WODIEL 140:			ADDRESS					
SUBJECT/S TO BE DROPPED								
Subject Code	е	Subject	<u> </u>	Teacher's Signature/Date				
REASON/S FOR DROPPING								
Parent/Guardian's Signature over Printed Name / Date								
I haraby affirm that all in	formation aupplied is as		CY CONSENT	rmation will make me ineligible for my request.				
i nereby animi macaii in	iornation supplied is co	ompiete and accurate. wi	innologing of giving raise into	imation will make me ineligible for my request.				
Further, I agreed to the	collection and processir	ng of my data in relation to	my request for authorized	d withdrawal to Colegio de San Juan de Letran				
				2012, and that I am required to provide truthful parties without consent unless the disclosure is				
required by, or in compli			ed of disolosed with other p	varies without consent unless the disclosure is				
Signature over Printed Name/Date								
ACTION TAKEN								
Endorsed by:		[] Approved [] [Disapproved by:	Encoded by:				
Princ	ipal	Registrar/BFI	D Records Officer	BED Records Assistant				
			ver Printed Name	Signature Over Printed Name/Date				
NOTE:								
This form must be accomplished in two copies (BED Records Unit/Student). This form is deemed valid upon submission to the BED Records Unit on or before.								
This form is deemed valid upon submission to the BED Records Unit on or before Please attach a photocopy of any valid ID of the parent/guardian.								