



REQUEST FOR SCHOOL RECORDS		
DATE OF FILING		
PERSONAL INFORMATION		
LAST NAME		
FIRST NAME		
MIDDLE NAME		
DATE OF BIRTH		
CONTACT NO.		
PERSONAL EMAIL ADD.		
ACADEMIC INFORMATION		
EDUCATIONAL LEVEL	<input type="checkbox"/> Basic Education <input type="checkbox"/> Senior HS Grade Level _____ Strand _____	
	<input type="checkbox"/> College <input type="checkbox"/> Graduate School Program/Major _____ () Graduate Date of Graduation _____ () Undergraduate	
	STUD ID NO.	
	Admission Status	School Last Attended Year
<input type="checkbox"/> New		
<input type="checkbox"/> Transferee		
REQUEST FOR:		
<input type="checkbox"/> Certification () Candidacy for Graduation () Course/Subject Description () English as Medium of Instruction () Enrollment/Attendance () General Point Average (GPA) () General Weighted Average (GWA) () Grades () Graduation () Graduation Awards Received (if any) () Ranking (for BED and SHS only) () Others _____		
<input type="checkbox"/> Certificate of Eligibility to Transfer (for graduates only)		
<input type="checkbox"/> Transcript of Records Purpose: () for Board Exam () for Study Abroad () for Employment () for Travel Abroad () for Further Studies () Others _____		
<input type="checkbox"/> Authentication/Certified True Copy of School Records		
<input type="checkbox"/> CAV (Certification, Authentication, Verification)		
<input type="checkbox"/> Second Copy () Diploma () Others _____		
<input type="checkbox"/> Correction of Name (for BED and SHS only)		
DATA PRIVACY 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 for the purpose of the request of my school credentials to Colegio de San Juan de Letran Calamba. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, 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		
PAYMENT		
Amount		
Service Invoice No.		
Date		
Cashier's Signature		
Received by/Date:		
Date of Release:		



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