

Received by/Date: Date of Release:

REQUEST FOR SCHOOL RECORDS		
DATE OF FILING		
	PERSONAL INFORMATION	
FIRST NAME		
MIDDLE NAME		
DATE OF BIRTH		
CONTACT NO.		
PERSONAL		
EMAIL ADD.		
	ACADEMIC INFORMATION	
EDUCATIONAL LEVEL	[] Basic Education [] Senior HS Grade Level Strand [] College [] Graduate School Program/Major () Graduate	
	Date of Graduation	
	() Undergraduate	
STUD ID NO.		
Admission Status	s School Last Attended Year	
[] Transferee		
	REQUEST FOR:	
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 () Course/Subject Description () English as Medium of Instruction () Enrollment/Attendance () General Point Average (GPA) () Grades () Graduation () Graduation Awards Received (<i>if any</i>) () Graduation Awards Received (<i>if any</i>) () Ranking (<i>for BED and SHS only</i>) () Others [] Certificate of Eligibility to Transfer (<i>for graduates only</i>) [] Transcript of Records <i>Purpose:</i> () for Board Exam () for Study Abroad () for Employment () for Travel Abroad () others [] Authentication/Certified True Copy of School Records [] CAV (Certification, Authentication, Verification) [] Second Copy () Diploma () Others [] Correction of Name (<i>for BED and SHS only</i>)		
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Signature over	Printed Name/Date	
	PAYMENT	
	Amount Service Invoice No.	
	Date	
	Cashier's Signature	



33:00-00-FO-07 rev.04 07242024 Colegio de San Juan de Letran Calamba

City of Calamba, Laguna REGISTRAR'S DEPARTMENT

REQUEST FOR SCHOOL RECORDS

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