



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 _____ <input type="checkbox"/> Graduate Date of Graduation _____ <input type="checkbox"/> Undergraduate	
STUD ID NO.		
Admission Status School Last Attended Year		
<input type="checkbox"/> New _____ _____		
<input type="checkbox"/> Transferee _____ _____		
REQUEST FOR:		
<input type="checkbox"/> Certification <input type="checkbox"/> Candidacy for Graduation <input type="checkbox"/> Course/Subject Description <input type="checkbox"/> English as Medium of Instruction <input type="checkbox"/> Enrollment/Attendance <input type="checkbox"/> General Point Average (GPA) <input type="checkbox"/> General Weighted Average (GWA) <input type="checkbox"/> Grades <input type="checkbox"/> Graduation <input type="checkbox"/> Graduation Awards Received (if any) <input type="checkbox"/> Ranking (for BED and SHS only) <input type="checkbox"/> Others _____		
<input type="checkbox"/> Certificate of Eligibility to Transfer (for graduates only)		
<input type="checkbox"/> Transcript of Records Purpose: <input type="checkbox"/> for Board Exam <input type="checkbox"/> for Study Abroad <input type="checkbox"/> for Employment <input type="checkbox"/> for Travel Abroad <input type="checkbox"/> for Further Studies <input type="checkbox"/> Others _____		
<input type="checkbox"/> Authentication/Certified True Copy of School Records		
<input type="checkbox"/> CAV (Certification, Authentication, Verification)		
<input type="checkbox"/> Second Copy <input type="checkbox"/> Diploma <input type="checkbox"/> Others _____		
<input type="checkbox"/> Correction of Name (for BED and SHS only)		
<input type="checkbox"/> Scholastic Record (for BED and SHS only)		
<input type="checkbox"/> Others _____		
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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