

REQUEST FOR STUDENTS RECORD(S)

Name of Student: _____ Date Filed: _____

Contact Number: _____

QTY	UNIT	Document/s Requested
		Certificate of Enrollment
		Certificate of Good Moral Character
		Certified True Copy of Records
		Certificate of Graduation
		Transcript of Records (F137)
		Replacement of Damaged/Lost Document
		Report Card
		Diploma
		Recommendation Letter from the Headmaster
		Passport (Original)
		Others:

Purpose:

- For transfer to another school: _____
 For Visa
 Others

Clearances:

 Accounting Department Admissions Officer Headmaster

Received by: _____ Date: _____

DOCUMENT RELEASING SLIP

Date	Name	
PROCESSING TIME		
1 Day	Report Card, Certificates, Copy of Special Study Permit (if already available,) Passport (if available)	
5 Days	Transcript of Records	
5 Days	Refund	
Office Hours	Releasing Person	Release Date
Mon-Fri (8:00am-4:30PM) Sat (9:00am-12:00NN)		