

APPLICATION FOR RELEASE OF SCHOLASTIC RECORDS

CONTACT NO. 0877 20 59
0921 42777119
 NAME OF STUDENT CRISTINA VALENZUELA

DATE 2 / 22 / 17
 COURSE Last Attended BSHEM
 Present Address 902 - F MT SUCENA AVE
Cebu City

Please check below:

REQUEST TYPE	APPLICATION TYPE
<input type="checkbox"/> Transcript of Records	<input type="checkbox"/> For Transfer
<input checked="" type="checkbox"/> Certification (Graduate)	<input type="checkbox"/> For Employment
<input type="checkbox"/> Certification (Enrollment)	<input type="checkbox"/> For Employment Abroad
<input type="checkbox"/> Certification (English as Medium of Instruction)	<input type="checkbox"/> For Board Examination
<input type="checkbox"/> Certification (GWA)	<input type="checkbox"/> For Civil Service Examination
<input type="checkbox"/> Certification (Units earned)	<input type="checkbox"/> For Verification
<input type="checkbox"/> Certification of Grades (Cross-Enrollee)	<input type="checkbox"/> For Scholarship
<input type="checkbox"/> Good Moral Certificate	<input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> Diploma	_____
<input type="checkbox"/> Others, pls. specify _____	_____

CRISTINA VALENZUELA
 Student's Signature or Authorized Representative

TO WHOM IT MAY CONCERN:

This is to certify that the above CRISTINA VALENZUELA has been cleared as this office is concerned.

Dept. Head/Dean <u>[Signature]</u> Librarian <u>[Signature]</u> UC Alumni Office (for Graduates Only) <u>[Signature]</u> Guidance (for Transfer purpose only) <u>[Signature]</u>	Balance <u>CP - 1200</u> Course/Term <u>As per</u> Remarks <u>02/22/17</u> Students Accounting Division <u>[Signature]</u>
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RECOMMENDATION:

Approval Recommendation:
 Pay to cashier the amount of ₱ 120 OR No.: _____ Date ____/____/____
 Cashier's Signature _____

To be filled up by Registrar's Office

CLAIM SLIP

Tel. No. : 255-7777 local 137/185

To records division: _____ Release date: ____/____/____ Claim at window # _____
 Name: _____ Course: _____

For the issuance of:

- | | | |
|------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Transcript of Records | <input type="checkbox"/> Diploma | <input type="checkbox"/> Certification |
| <input type="checkbox"/> Transfer Credentials | <input type="checkbox"/> Good Moral Certificate | <input type="checkbox"/> Others, pls. specify _____ |

Received by: _____ Issued by: _____