



Office of the
University Registrar

REQUEST FOR DOCUMENTS

PLEASE PRINT

FOR ENROLLMENT SERVICES HUB USE ONLY		
CLEARANCE	RECEIVED BY	ID VERIFIED BY

Date requested _____

Processing Regular Express

Date due _____

PERSONAL INFORMATION

Last name _____

First name _____

Middle name _____

Gender Male Female

Birthday (mm/dd/yyyy) _____

Birthplace _____

Did you have a change or correction of name at DLSU? No

Yes, my original name was _____

ACADEMIC INFORMATION

ID Number _____

Program / Degree _____

Did you graduate from DLSU-Manila? Yes, I graduated on _____ Date

No, my last enrollment was on Term ____, AY ____ - ____

CONTACT INFORMATION

Tel. No. _____

Cell. No. _____

Email address _____

Address (with Zip code) _____

CLAIMING / DELIVERY INSTRUCTIONS

COURIER. Please send the documents via courier to the address indicated here. It is understood that the delivery period is over and above the processing period.

PICK-UP. The documents will be claimed by the owner who will present one (1) valid ID upon claiming and the Official Receipt

PROXY. A proxy/representative will be sent to claim the documents. Upon claiming, he/she will have an authorization letter from the owner, his/her two (2) valid IDs and one (1) valid ID of the owner and the Official Receipt.

CONDITIONS AND REMINDERS

- Under existing laws, only the owner of the records is allowed to request for documents in connection with his/her school records and claim the requested documents.
- The University reserves the right to withhold, deny or cancel any request for document due to pending accountabilities.
- To verify the identity of the requesting/claiming party, two (2) valid Identification Cards shall be required for presentation upon request **AND** one (1) upon claiming of the documents.
- Requests and claiming of documents by representative/proxy should be covered an accomplished Proxy Request of Records (Form No. UR-06-201308) or an authorization letter. The proxy/representative must present his/her two (2) valid IDs and one (1) of the owner.
- Please **return this form** to the Enrollment Services Hub after payment at the Accounting Office or at The Hub's counters 14 and 15. Without this form, the request cannot be processed.
- Documents not claimed after **sixty (60) days** will be destroyed.

CONFORME

I have read and understood all the conditions and reminders in connection with this request and agree to comply with them.

_____ Date

Signature over printed name

Last name		First name		Middle initial	
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PLEASE DO NOT FILL PRICE COLUMN—TO BE ASSESSED BY THE ENROLLMENT SERVICES HUB

DOCUMENT TYPE		QUANTITY	PRICE
<i>Transcript of Records</i>	<input type="checkbox"/> For Board Exam/PRC Purposes		
	<input type="checkbox"/> For Employment Purposes		
	<input type="checkbox"/> For Evaluation Purposes		
<i>Certification</i>	<input type="checkbox"/> Academic Completion		
	<input type="checkbox"/> Candidacy for Graduation		
	<input type="checkbox"/> Course Description (<i>max. of 5 course per cert.</i>)		
	<input type="checkbox"/> Cumulative GPA		
	<input type="checkbox"/> Dean's Honors List for Term ___ AY _____ - _____		
	<input type="checkbox"/> English is medium of instruction		
	<input type="checkbox"/> Enrollment		
	<input type="checkbox"/> Graduation / With honors		
	<input type="checkbox"/> Units earned		
<i>Certified True Copy</i>	<input type="checkbox"/> Diploma (<i>requesting party to present original</i>)		
	<input type="checkbox"/> DTS decision		
	<input type="checkbox"/> Form 137 (High School Transcript)		
	<input type="checkbox"/> Form 138 (High School Report Card)		
<i>Others</i>	<input type="checkbox"/> Breakdown (Misc Fees) for Term ___ AY _____ - _____		
	<input type="checkbox"/> Duplicate Diploma		
	<input type="checkbox"/> Gov't. Certification, Authentication, Verification (CAV)		
	<input type="checkbox"/> Special Handling		
	<input type="checkbox"/> _____		
SPECIAL INSTRUCTIONS		Subtotal	
		TOTAL	
WILL NOT BE PROCESSED WITHOUT MACHINE VALIDATION OF PAYMENT		Assessed by	