



REQUEST FOR DOCUMENTS

PLEASE PRINT

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

Date requested	
Date due	

Processing Regular Express

PERSONAL INFORMATION

Last name	
First name	
Middle name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birthday	(mm/dd/yyyy)
Birthplace	
Did you have a change or correction of name at DLSU?	<input type="checkbox"/> No <input type="checkbox"/> Yes, my original name was _____

- 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.

ACADEMIC INFORMATION

ID Number	
Program / Degree	
Campus	TAFT <input type="checkbox"/> STC <input type="checkbox"/>
Did you graduate from DLSU?	<input type="checkbox"/> Yes, I graduated on _____ Date <input type="checkbox"/> No, my last enrollment was on Term ____, AY ____ - ____

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.

CONTACT INFORMATION

Tel. No.	
Cell. No.	
Email address	
Address (with Zip code)	

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 Term ___ AY _____ - _____		
	<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	