

## **REQUEST FOR SDFO DOCUMENT**

TYPE OF REQUEST **REGULAR EXPRESS** 

(Please PRINT entries)	
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Date Requested	Time Requested		Due Date		
Last Name	First Name		Middle Name		
Student ID No.	Degree Program			Gender	
<ul> <li>Did you graduate from DLSU?</li> <li>Yes, I graduated on</li> <li>Date</li> <li>No, my last enrollment was on:</li> </ul>		Do you have any discipline infraction?  YES,			
Term, AY					
Contact Information	Address		Email Addres	S	
Purpose for Request No. of Copies					
<ol> <li>CONDITIONS AND REMINDERS:         <ol> <li>Under the SDFO policies, <u>only the owner of the records</u> is allowed to request for document in connection with his/her discipline record and claim the requested document/s. Hence, authorization letter with a photocopy of two (2) valid IDs of the representative/proxy and one (1) valid ID of the owner is required.</li> <li>The University, through the SDFO, reserves the right to withhold, deny or cancel any request document due to pending requirements or accountabilities.</li> <li>Only students with clean discipline record are entitled to a CGMC while Certificate of Discipline Clearance is issued to students with discipline offense/violation. Students with minor discipline offense that did not ripen to a major offense shall, upon their graduation, also be entitled to a CGMC.</li> <li>To verify the identity of the requesting/claiming party, two (2) valid Identification Cards shall be required for presentation upon request <u>AND</u> one (1) ID upon claiming of the documents.</li> <li>Requesting party with unpaid and unclaimed document is required to pay the amount of unclaimed document as well as the fee for the new request prior to the processing of the document.</li> <li>Please <u>return this form</u> to the Enrollment Services Hub after accomplishing it or payment at the Accounting Office. Without this form, the request cannot be processed.</li> <li>Paid documents not claimed after <u>sixty (60) days</u> will be destroyed/disposed of.</li> </ol> </li> </ol>		CLEARANCE     RECEIVED BY       RO-TOR(600-780-524)       CGMC (600-793)       CGMC-STC (600546755)       TOTAL       RECEIVED BY       VER       Remarks:		ASSESSED BY	

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