



FOR ENROLLMENT SERVICES HUB USE ONLY

CLEARANCE

RECEIVED BY

ID VERIFIED BY

REQUEST FOR DOCUMENTS

PLEASE PRINT

AY/Term		Processing	<input type="checkbox"/> Regular <input type="checkbox"/> Express
Date Requested		CLAIMING/DELIVERY INSTRUCTIONS	
Date Due		<input type="checkbox"/> 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.	
PERSONAL INFORMATION		<input type="checkbox"/> PICK-UP. The documents will be claimed by the owner who will present one (1) valid ID and the Official Receipt upon claiming.	
Last Name		<input type="checkbox"/> 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 one (1) valid ID and one (1) valid ID of the owner, and the Official Receipt.	
First Name			
Middle Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Birthday	(mm/dd/yyyy)		
Did you have a change or correction of name at DLSU?	<input type="checkbox"/> No <input type="checkbox"/> Yes, my original name was _____		
ACADEMIC INFORMATION		CONDITIONS AND REMINDERS	
ID Number		1. 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.	
Program/Degree		2. The University reserves the right to withhold, deny or cancel any request for document due to pending accountabilities.	
Campus	<input type="checkbox"/> Taft <input type="checkbox"/> Laguna <input type="checkbox"/> BGC	3. To verify the identity of the requesting/claiming party, one (1) valid Identification Card shall be required for presentation upon request and one (1) upon claiming of the documents.	
Did you graduate from DLSU?	<input type="checkbox"/> Yes, I graduated on _____ Date <input type="checkbox"/> No, my last enrollment was on Term ____, AY ____ - ____	4. 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 one (1) valid ID and one (1) of the owner.	
		5. Production of requested documents requires considerable effort and is subject to cut-off. Hence, cancellation, substitution, refunds due to change of mind and the like will not be entertained.	
		6. Documents not claimed after sixty (60) days will be destroyed.	
CONTACT INFORMATION		CONFORME	
Cell. No.		I have read and understood all the conditions and reminders in connection with this request and agree to comply with them.	
Email Address		<input checked="" type="checkbox"/> _____ Signature over Printed Name	
Address (with Zip Code)		_____ Date	

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		
	<input type="checkbox"/> For BAR Exam Purposes (DLSU JD graduate only)		
<i>Certification</i>	<input type="checkbox"/> Academic Units Completion (For GS Comprehensive Exam/Thesis Enrollment)		
	<input type="checkbox"/> Candidacy for Graduation (from week 10 of final term)		
	<input type="checkbox"/> Course Description (up to 5 courses per certificate)		
	<input type="checkbox"/> Cumulative GPA		
	<input type="checkbox"/> Dean's Honors List for Term ___ AY ___ - ___		
	<input type="checkbox"/> English as the Medium of Instruction		
	<input type="checkbox"/> Enrollment Term ___ AY ___ - ___		
	<input type="checkbox"/> Graduation/With Honors		
	<input type="checkbox"/> Units Earned		
	<input type="checkbox"/> Courses Taken, Term ___ AY ___ - ___ (max. of 3 terms)		
<i>Certified True Copy</i>	<input type="checkbox"/> Diploma (Bring original)		
	<input type="checkbox"/> Transcript of Records (prior to DLSU)		
	<input type="checkbox"/> Form 137 (High School Transcript)		
	<input type="checkbox"/> Form 138 (High School Report Card)		
	<input type="checkbox"/> Breakdown (Misc. Fees) for Term ___ AY ___ - ___		
	<input type="checkbox"/> Duplicate Diploma (Bring Notarized Affidavit of Loss)		
	<input type="checkbox"/> CHED/DFA Certification, Authentication, Verification (CAV)		
	<input type="checkbox"/> Others: _____		
SPECIAL INSTRUCTIONS		Subtotal	
		TOTAL	
		Assessed By	