



Office of the
University Registrar

UR-04-202503

[CAV Request Letter]

DATE (dd-mmm-yyyy)

JIMMY G. CATANES, Ph.D., CESE

Director IV

Commission on Higher Education – National Capital Region
Quezon City University Compound,
Philippine Metal Casting Assoc. Inc. Building,
673 Quirino Highway, San Bartolome, Novaliches,
1116 Quezon City, Metro Manila

Dear Dr. Catanes:

I, _____
PRINT NAME (FIRST, MIDDLE, LAST)

would like to request your good office for the authentication of my academic records in
_____ issued by De La Salle University.

PRINT DEGREE / PROGRAM / COURSE

In this connection, I am submitting the following records through the Office of the University Registrar:

- ☐ Official Transcript of Records
- ☐ Diploma
- ☐ Certification of Enrollment (for undergraduate student only)
- ☐ Certification of Clinical Experience (if applicable)
- ☐ Certified copy of Special Order

Thank you.

Respectfully yours,

SIGNATURE OVER PRINTED NAME