



Office of the
University Registrar

UR-04-202309

[CAV Request Letter]

DATE (dd-mmm-yyyy)

JULIETA M. PARAS, Ed.D., CESE

Director IV

Commission on Higher Education

National Capital Region

QCU Campus,

Quirino Highway, Novaliches,

Quezon City

Dear Dr. Paras:

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

would like to request your good office for the authentication of my academic records in

PRINT DEGREE / PROGRAM / COURSE issued by De La Salle University.

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