AUTHORIZATION AND REQUEST FOR CERTIFICATE OF GRADES (COG)

We, the undersigned students, hereby request the issuance of our Certificates of Grades (COG) for the purpose of complying with the requirements of the Provincial Scholarship Program of Governor Remulla.

We authorize _____ to file, process, and claim the said documents on our behalf.

NO.	STUDENT NUMBER	NAME	SIGNATURE
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Certified true and correct:

(Class Representative’s Name and Signature)

Date Filed: _____

For Registrar’s Office Use Only

Total Amount: _____

Date of Release: _____

Processed by: _____