



**REQUEST FOR ACADEMIC RECORDS
(Online Request Form)**

Note:

1. Download this form for your perusal.
2. After accomplishing this form, upload this to the online portal for assessment of fees.

STUDENT INFORMATION:

_____ *Last Name* _____ *First Name* _____ *Middle Name*
Please PRINT your name based on your birth certificate; If married, print name used during last enrolment.

Contact Number: _____ Email address: _____

LATEST Program enrolled/completed at XU: _____

Year Level/Year Graduated: _____ SLMIS ID (if applicable): _____

DOCUMENT: (please check (/) and specify quantity for each document)

	Document	Quantity of Original	Authenticated Copies
<input type="checkbox"/>	Diploma (Reissuance of diploma requires an Affidavit of Loss)		
<input type="checkbox"/>	Transfer Credential / Honorable Dismissal <i>(includes one set of TOR for Reference)</i>		
<input type="checkbox"/>	Transcript of Records (Choose purpose of TOR below)		
<input type="checkbox"/>	Board		
<input type="checkbox"/>	Bar		
<input type="checkbox"/>	Reference		
<input type="checkbox"/>	Employment		
<input type="checkbox"/>	Visa		
<input type="checkbox"/>	Authenticated copy of SHS Report Card (F 138)		
<input type="checkbox"/>	Authenticated copy of SHS TOR (F 137-A)		
<input type="checkbox"/>	Course Description (Please specify the courses below)		

CERTIFICATES: (please check and specify quantity for each certificate)

	Certificate	Quantity	Authenticated Copies
<input type="checkbox"/>	Graduation		
<input type="checkbox"/>	Latin Honors		
<input type="checkbox"/>	Letter of No Objection		
<input type="checkbox"/>	Special Order		
<input type="checkbox"/>	English as Medium of Instruction		
<input type="checkbox"/>	Enrollment: specify Sem & AY:		
<input type="checkbox"/>	Nursing RLE (Request at Nursing, Release by REG)		
<input type="checkbox"/>	WES Form		
<input type="checkbox"/>	CAV		
<input type="checkbox"/>	Local		
<input type="checkbox"/>	Abroad (Apostille)		
<input type="checkbox"/>	GWA / QPI (for students enrolled after 2013)		
<input type="checkbox"/>	Mode of Study		
<input type="checkbox"/>	Others: Please Specify:		

MODE OF RELEASING: (please check and specify required details)

<input type="checkbox"/>	For Scanning & Email	Email Address: _____
<input type="checkbox"/>	For Pick-up at Window 20 A/B Mon-Fri 8am-11am, 1pm-4pm	
<input type="checkbox"/>	For Courier Delivery (WExpress - local; DHL - international)	Address of Recipient (please specify full address): _____ Telephone No. (required for international delivery): _____

REMARKS:

Signature: _____ Date: _____