

## REQUEST FOR ACADEMIC RECORDS (Online Request Form)

STUDEN	IT INFORMATION:				
	PRINT your name based on y	irst Name our birth certific			
	t Number:		Email addres	ss:	
LATES	T Program enrolled/comple evel/Year Graduated:	eted at XU:		I MIC ID /if anni	iooblo).
Teal L	even rear Graduated.			LMIS ID (if appl	icable):
осим	ENT: (please check (/) and s	specify quantity f	for each docum	nent)	
		ument		Quantity of Original	Authenticated Copies
	Diploma (Reissuance of Diplom	a Requires an affida	vit of loss)		
	Transfer Credential / Hono				
	Transcript of Records (Choose purpose of TOR below)				
-	Board Bar				
-	Reference				
	Employment				
	Visa				
	Authenticated copy of HS I	Report Card (F	138)		
	Authenticated copy of HS TOR (F 137-A)				
	Course Description (Please	Specify the Subjects	)		
COTIC	OATEO: (alasas alasa), and	:6	£	4-\	
EKIIFI	FICATES: (please check and specify quantity for each certif			cate) T	Authenticated
	Cer	tificate		Quantity	Copies
	Graduation				
	Letter of No Objection				
	Special Order				
	English as Medium of Instr				
	Enrollment: specify Sem & AY:				
	Nursing RLE (Request at Nurs	ing, Release by REC	G)		
	WES Form				
	CAV				
-	Local Abroad (Apostille)				
-	GWA / QPI (for students er	arolled after 201	3)		
-	Others: Please Specify:	ilolled alter 201	3)		
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MOD <u>E C</u>	F RELEASING: (please che			s)	
	For Scanning & email	Email Address			
<u> </u>	For Pick-up at Window 20				
	For Courier Delivery	Address of Re	cipient (please	specify full addr	ess):
	(WExpress - local;	Tolonhono No	(required for i	ntornational dali	(Om ():
	DHL - International)	DHL - international) Telephone No. (required for			rery).
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REMAR	KS:				
NOTE:					
1.	Download this form for your				
	After accomplishing this form				
3.	Documentsnot claimed after	r six (6) months	will be shredde	ed and disposed	accordingly
Signati	ıre:			Date:	