Xavier University
ATENEO DE CAGAYAN
Office of the University Registrar

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
	Diploma (Reissuance of diploma requires an Affidavit of Loss)		
	Transfer Credential / Honorable Dismissal *(includes one set of TOR for Reference)*		
	Transcript of Records (Choose purpose of TOR below)		
	Board		
	Bar		
	Reference		
	Employment		
	Visa		
	Authenticated copy of SHS Report Card (F 138)		
	Authenticated copy of SHS TOR (F 137-A)		
	Course Description (Please specify the courses below)		

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

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

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

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

REMARKS:

Signature: _____ Date: _____