



ARELLANO UNIVERSITY SCHOOL OF LAW

Taft Avenue corner Menlo Street, Pasay City, Philippines



REQUEST FOR SCHOOL DOCUMENTS

Student Number: _____ Date of Filing: _____

Student Name: _____
FAMILY NAME GIVEN NAME MIDDLE NAME

Date of Birth: _____ Gender: MALE FEMALE

Postal Address: _____

Contact Number: _____ E-mail address: _____

<input type="checkbox"/> Not Graduated Last Sem/SY Enrolled _____ <input type="checkbox"/> Graduated Year Graduated _____	Admission Status <input type="checkbox"/> New _____ <input type="checkbox"/> Transferee _____ Year of Entry (AUSL) _____ Last Attendance (AUSL) _____	School Last Attended _____ _____	Year _____ _____
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REQUEST FOR

<input type="checkbox"/> Certification	No. of Copies	Purpose
<input type="checkbox"/> Candidacy for Graduation	_____	_____
<input type="checkbox"/> Course Description	_____	_____
<input type="checkbox"/> English as Medium of Instruction	_____	_____
<input type="checkbox"/> Enrollment Attendance	_____	_____
<input type="checkbox"/> General Weighted Average (GWA)	_____	_____
<input type="checkbox"/> Academic Completion, Graduation w/ Honors	_____	_____
<input type="checkbox"/> Units Earned	_____	_____
<input type="checkbox"/> Good Moral Character	_____	_____
<input type="checkbox"/> Others _____	_____	_____

<input type="checkbox"/> Transcript of Records	No. of Copies	
<input type="checkbox"/> for Employment	_____	
<input type="checkbox"/> for Study Abroad	_____	
<input type="checkbox"/> for Travel Abroad	_____	
<input type="checkbox"/> For Bar Exam	_____	
<input type="checkbox"/> Visa Application	_____	
<input type="checkbox"/> Others _____	_____	

Authentication of School Records / Certified True Copy

Diploma (Requesting Party to present original) _____

Transcript of Records _____

CAV (Certification, Authentication, Verification) _____

Duplicate Diploma _____

CLEARANCE
<p>Bursar: By: _____ Date: _____ Remarks: _____</p> <p>To pay the following at the Bursar: _____ _____</p>
<p>Library: By: _____ Date: _____ Remarks: _____</p>
<p>Office of Student Affairs: By: _____ Date: _____ Remarks: _____</p>
<p>Medical: By: _____ Date: _____ Remarks: _____</p>
<p>Audio Visual: By: _____ Date: _____ Remarks: _____</p>
<p>Dean's Office: By: _____ Date: _____ Remarks: _____</p>

DELEGATION

Name of authorized person _____
 Contact Number: _____

Signature of representative: _____

Conforme: _____
Signature over Printed Name

REMINDER

- a) If requested by the person himself/herself named in the document, **a valid Identification (ID) card** must be presented.
- b) If requested by an authorized person, the following items must be presented:
 1. (SPA) Special Power of Attorney
 2. Photocopy of at least 2 (two) valid identification (ID) cards of the authorizing person (owner); and Original & valid identification (ID) card of the authorized person.

Received by: _____
 Date Received: _____