



# EMILIO AGUINALDO COLLEGE

Gov. D. Mangubat St., Brgy. Buroi Main, City of Dasmariñas, Cavite 4114, Philippines  
Tel. No. (046) 416-4341 [www.eac.edu.ph](http://www.eac.edu.ph)



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## LETTER OF AUTHORIZATION

I hereby authorize the Office of the Registrar of Emilio Aguinaldo College (EAC) – Cavite to release information about my academic/educational background to:

**First Advantage**

\_\_\_\_\_  
(Name of company/institution/agency to be supplied information)

as part of the verification/record check conducted by said company/institution. I hereby voluntarily affix my signature and represent this document to be an original. I hereby release from liability EAC in respect of such disclosure.

\_\_\_\_\_  
Signature over Printed Name of Applicant  
Course/Program: \_\_\_\_\_  
Date: \_\_\_\_\_

• VIRTUE

• EXCELLENCE

• SERVICE