



**SAN ISIDRO COLLEGE**  
City of Malaybalay

**OFFICE OF THE COLLEGE REGISTRAR**

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This Verification Form is intended to confirm graduates of San Isidro College.

**All fields marked with asterisk (\*) are required.**

| <b>Student Information for Verification</b> |  |
|---|--|
| First Name:*                                |  |
| Last Name:*                                 |  |
| Middle Name:                                |  |
| Birth Date:* (MM/DD/YYYY)                   |  |
| Course/Program:*                            |  |
| Date of Graduation:                         |  |

To complete the Verification Form, attach the submitted Certificates/Documents to verify and **Letter of Authority and Permission to Disclose Personal Data.**

*For further inquiries, please call or email: San Isidro College c/o Office of the College Registrar, Telephone: (088)-813-1367  
Email: [collegeregistrar.sic@gmail.com](mailto:collegeregistrar.sic@gmail.com) or [siccollegeregistrar@sic.edu.ph](mailto:siccollegeregistrar@sic.edu.ph)*

