

REQUEST FORM		UNIVERSITY OF THE PHILIPPINES MANILA OFFICE OF THE UNIVERSITY REGISTRAR				UPM-OUR-OP-01F1	
The University of the Philippines is committed to comply with the Data Privacy Act of 2012 (DPA) in order to protect your right to data privacy.							
DATE (dd/mm/yy)		FIRST NAME		MIDDLE NAME		SURNAME	
STUDENT NO.		COLLEGE		DEGREE		INCLUSIVE DATES	
PRESENT ADDRESS		E-MAIL ADDRESS		YEAR OF GRADUATION		SEX	
						MALE FEMALE	
ACCOMPLISHED UNIVERSITY CLEARANCE		YES		NO			
WITH RSA/RSO CONTRACT		YES		NO			
CHECK THE DOCUMENT /S REQUESTED AND INDICATE THE NUMBER OF COPIES NEEDED							
TRANSCRIPT OF RECORDS (Php50/page)		NO. OF COPIES		AMOUNT		VERIFICATION (Php100/account, if local)	
FIRST TIME REQUEST						COMPANY VERIFICATION	
RECOPY						CERTIFICATION, AUTHENTICATION & VERIFICATION (CAV)	
CERTIFICATIONS (Php50/page)		NO. OF COPIES		AMOUNT		LETTER ENVELOP (Php10)	
ENGLISH TRANSLATION OF DIPLOMA (ETD)						ENVELOP (ENV)	
CERTIFIED TRUE COPY OF DIPLOMA (CTD)						OTHERS (please specify):	
CERTIFICATION OF GRADUATION (COG)						NO. OF COPIES	
CERTIFIED TEXT OF DIPLOMA (CTXD)						AMOUNT	
HONORABLE DISMISSAL (HD)						TOTAL	
PURPOSE:		EMPLOYMENT LOCAL		POSTGRADUATE STUDIES LOCAL		PRC	
		EMPLOYMENT ABROAD		POSTGRADUATE STUDIES ABROAD		TRANSFER TO OTHER SCHOOL	
OTHERS (please specify):							
REQUIREMENTS FOR THE REQUESTED ENVELOP (Complete address of the receiver, incomplete address will not be processed)							
CHECK DOCUMENT/S TO BE SEALED TO THE ENVELOP							
<input type="checkbox"/> TOR		<input type="checkbox"/> ETD		<input type="checkbox"/> CTD		<input type="checkbox"/> COG	
<input type="checkbox"/> CV		<input type="checkbox"/> CTXD		<input type="checkbox"/> HD		<input type="checkbox"/> CAV	
PLEASE READ INSTRUCTIONS:				a. ATTACH PHOTOCOPY OF DIPLOMA FOR CERTIFIED TRUE COPY OF DIPLOMA (CTD) REQUEST OR E-MAIL SOFT COPY			
1) FILL-IN REQUEST FORM IN DUPLICATE (LETTER OF AUTHORIZATION IS NEEDED FOR REPRESENTATIVE)				b. E-MAIL SOFT COPY OF PICTURE FOR TRANSCRIPT OF RECORDS FOR PRC PURPOSE REQUEST			
2) HAVE YOUR REQUEST ASSESSED BY THE PERSON IN CHARGE				5) CLAIM SLIP WILL BE ISSUED			
3) PAY AT THE CASH OFFICE				6) UNCLAIMED DOCUMENTS WILL BE SHREDDED AFTER SIX (6) MONTHS FROM APPLICATION DATE.			
4) RETURN REQUEST FORM (MACHINE VALIDATED) TO OFFICE OF THE UNIVERSITY REGISTRAR							
RECEIVED BY (PLEASE PRINT)		a.		DATE			

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