



Republic of the Philippines
UNIVERSITY OF ANTIQUE
Sibalom, Antique

OFFICE OF THE ADMISSION AND REGISTRAR

aro@antiquespride.edu.ph

Contact No. (036) 553-8161 local 122/ 09162783826

REQUEST FOR EDUCATION VERIFICATION FOR STUDENT

Requirements:

1. Prescribed Form
2. Consent Letter from the applicant.
3. Letter Request from the company or agency
4. Valid ID of authorized personnel of the company/agency.

*Note: Incomplete requirements for request of BI will not be processed.
Send this form to aro@antiquespride.edu.ph together with the digital copy of the requirements.*

Details Needed	Given Information	Verified Result (To be supplied by the Registrar)
COMPANY/AGENCY INFORMATION		
Name		
Address		
Contact No.		
AUTHORIZED PERSON TO REQUEST		
Name		
Position		
STUDENT INFORMATION		
Complete Name of Student:		
Degree/Course:		
Date Graduated:		
Award / Honors / Recognition Received:		
If Undergraduate, Year level completed		
Semesters / Dates Attended:		
Total Units Earned(Academic/ Non Academic)		
Additional Remarks		

I understand that the above information shall be treated with confidentiality in compliance to the Data Privacy Act of 2012 (RA 10173).

e/Signature of Authorized Person

Verified by:

JOCY F. TEOLOGO, MPA
Registrar II