



UNIVERSITY OF SANTO TOMAS
OFFICE OF THE REGISTRAR



Records Verification Form

Fill out the required fields:

Name (during stay in the University) Last Name, Given Name, Middle Name			REQUIRED
Program /Degree	Date of Graduation/Last Attendance	Date of Birth (MM/DD/YYYY)	
Verifying Institution	Contact Details	Email Address	
Applicant's Contact Details (Telephone/Mobile #)	Applicant's Email Address	Purpose of Verification	OPTIONAL
Student Number	Attached Academic Records (Transcript, Diploma, etc.)		

I hereby authorize the University of Santo Tomas to release details pertaining to my academic records to the verifying institution stated above. Attached in this form is a copy of my valid identification card which bears my signature.

Applicant's signature over printed name

Date

For Office of the Registrar use only (please do not fill out this part)

Received date:	
Received by:	

Put a check on the status of the form upon receipt:

Conditions	Yes	No
Are the required fields complete?		
Are the attachments complete?		
Does the signature of the applicant match with the attached Identification card?		

Remarks: