

To be filled up by a USLS Registrar's Staff only.

Received by: _____ Date: _____

Request No.: _____

REQUEST FOR DOCUMENTS

PERSONAL INFORMATION OF STUDENT		CLEARANCE	
Last Name	(Maiden name if female)	1. Library	
First Name		2. Student Affairs Office (Requirement/s in the absence of the applicant a. Authorization Letter from the applicant b. Photo IDs of the applicant and the representative)	
Middle Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Birthdate(mm/dd/yyyy)			
Birthplace			
Tel. No.		3. The college where the applicant belongs to:	
Cell. No.			
Address			
Email		a. BSN	
ACADEMIC INFORMATION		b. CAS	
ID Number		c. CBA	
Course/Major		d. EDUC	
Year Graduated		e. ENG'G	
Last School Year Attended (If applicant was unable to graduate)	<input type="checkbox"/> 1 st Sem <input type="checkbox"/> 2 nd Sem <input type="checkbox"/> Summer School Year: _____	f. LAW / MED	
		4. Business Office –	
		a. Students' Accounts	
		b. Main Cashier	
TYPE OF REQUESTS		QUANTITY	PRICE
<input type="checkbox"/> For Transcript of Records	<input type="checkbox"/> Employment Purposes		P 125.00/set Additional P25/page in excess of the 2 nd page
	<input type="checkbox"/> Evaluation Purposes		
	<input type="checkbox"/> Reference Purposes		
	<input type="checkbox"/> [Please encircle option] Board Exam / Bar Exam		
	<input type="checkbox"/> [Please encircle option] CGFNS / ICHP / NMC State Board Exam		
	<input type="checkbox"/> Further Studies (Masters/Doctorate)		
	<input type="checkbox"/> Others, please specify:		
	<input type="checkbox"/> Documentary Stamp (1 piece per set of Transcript of Records and RLE)		P 20.00
<input type="checkbox"/> Special Order (S.O.) [For GRADUATES: 2001 and below]			P 50.00
<input type="checkbox"/> Related Learning Experience			P 75.00
<input type="checkbox"/> Certification	<input type="checkbox"/> Nursing Forms		P150.00

C L A I M S L I P

Personal Information of Student

Last Name (Maiden name if female)	
First Name	
Middle Name	
Type of Request	<input type="checkbox"/> For Transcript of Records <input type="checkbox"/> Certification <input type="checkbox"/> Related Learning Experience
<i>For the Authorized Representative</i>	
Name	
Signature	
Relation to the student	
Please claim request/s on	TIME: 4:00 PM

IMPORTANT REMINDER

Please present valid photo ID and surrender this claim slip upon claiming. For a representative who will claim the request/s in behalf of the student, please bring the following:

1. This claim slip.
2. Photo ID of the student bearing his/her signature.
3. Photo ID of the representative.
4. Authorization letter duly signed by the student.
5. Please read request procedure at the back.

REQUEST PROCEDURE

Step 1	Fill up form completely
Step 2	Signing of Clearance (as reflected on the reverse of this request form) For First Requests ➤The clearance should be completely signed (Nos. 1 – 4) For Second or Succeeding Requests ➤Business Office only (No. 4)
Step 3	Payment – All payments should be done at the Business Office
Step 4	Return this Request Form at the Registrar’s Office, Window 3 with the Official Receipt of Payment for the due date
Step 5	Claiming of Request/s (as reflected in the reverse of the request form)
NOTE	Unclaimed requests after 90 days will be disposed of accordingly.

FEES

Type of Document	Amount	Processing Time
Transcript of Records	P125.00	3 working days
Related Learning Experience	P 75.00	3 working days
For Nursing Graduates: Certificates of Nursing Forms (NMC, CGFNS, ICHP, State Board, etc.)	P150.00	3 working days