JOHN PAUL COLLEGE

MG Andaya Compound, Odiong, Roxas, Oriental Mindoro
Tel: 043-2897197 E-mail: johnpaul.college@yahoo.com

RECORDS REQUEST FORM
COLLEGE DEPARTMENT

Date: _____

May I request your good office for the issuance of the following:

- ____ Certification of Units Earned
- ____ Transcript of Records
- ____ Diploma
- ____ Certificate of Graduation
- ____ Others (specify) _____
- ____ Honorable Dismissal
- ____ NSTP/ROTC/AS Certificate
- ____ Certificate of Good Moral Character
- ____ Certification of Grades
- ____ High School Credentials

Name of Student: _____ Student No. _____
Course: _____ Last Semester/SY Enrolled: _____
Purpose/s: _____ Date Graduated: _____

This is to certify that the above-named person has cleared all responsibilities from this office.

_____	_____	_____	_____
Cashier (Window 1)	*Librarian*	*Office of Student Affairs*	*Scholarship and Grants Office*

_____	_____	**Dr. RAMON E. WOO Jr, CPA**	**ELLAH JOY G. GREGORIO**
Research Officer	***Dean/Dept. Head***	***Dean of Studies***	***Registrar***

✂----------

Date: _____

(Students Copy)
To (Print)
Name: _____
(Surname) (First Name) (Middle Name)
Please claim your request for _____ on _____
(Requested Credentials) **DUE DATE** (if records are complete)
Course/Section: _____
Date of Graduation: _____
School Year last attended: _____

NOTE: Present this form upon claiming your requested credentials.
For Representative: Present Authorization Letter together with this stub.