

REQUEST FORM	UNIVERSITY OF THE PHILIPPINES MANILA OFFICE OF THE UNIVERSITY REGISTRAR	UPM-OUR-OP-01F1
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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.

	FIRST NAME	MIDDLE NAME	SURNAME	MAIDEN NAME
DATE (dd/mm/yy)				
STUDENT NO.	COLLEGE	DEGREE	INCLUSIVE DATES	YEAR OF GRADUATION
				SEX
				MALE
				FEMALE
PRESENT ADDRESS	E-MAIL ADDRESS		MOBILE NO	
ACCOMPLISHED UNIVERSITY CLEARANCE		YES	NO	
WITH RETURN SERVICE AGREEMENT (RSA)/RETURN SERVICE OBLIGATION(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)	NO. OF COPIES	AMOUNT
FIRST TIME REQUEST			COMPANY VERIFICATION		
RECOPY			CERTIFICATION, AUTHENTICATION & VERIFICATION (CAV)		
CERTIFICATIONS (Php50/page)	NO. OF COPIES	AMOUNT	LETTER ENVELOP (Php10)	NO. OF COPIES	AMOUNT
ENGLISH TRANSLATION OF DIPLOMA (ETD)			ENVELOP (ENV)		
CERTIFIED TRUE COPY OF DIPLOMA (CTD)			OTHERS (please specify):	NO. OF COPIES	AMOUNT
CERTIFICATION OF GRADUATION (COG)					
CERTIFIED TEXT OF DIPLOMA (CTXD)					
HONORABLE DISMISSAL (HD)					
			TOTAL		

PURPOSE:	EMPLOYMENT LOCAL	POSTGRADUATE STUDIES LOCAL	PRC	OTHERS (please specify):
	EMPLOYMENT ABROAD	POSTGRADUATE STUDIES ABROAD	TRANSFER TO OTHER SCHOOL	

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
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PLEASE READ INSTRUCTIONS:

- 1) **FILL-IN** REQUEST FORM IN DUPLICATE (*LETTER OF AUTHORIZATION IS NEEDED FOR REPRESENTATIVE*)
- 2) HAVE YOUR REQUEST **ASSESSED** BY THE PERSON IN CHARGE
- 3) **PAY** AT THE CASH OFFICE
- 4) **RETURN** REQUEST FORM (*MACHINE VALIDATED*) TO OFFICE OF THE UNIVERSITY REGISTRAR
 - a. **ATTACH PHOTOCOPY OF DIPLOMA FOR CERTIFIED TRUE COPY OF DIPLOMA (CTD) REQUEST OR E-MAIL SOFT COPY (upm-our@up.edu.ph)**
 - b. **E-MAIL SOFT COPY (upm-our@up.edu.ph) OF PICTURE FOR TRANSCRIPT OF RECORDS FOR PRC PURPOSE REQUEST**
- 5) **CLAIM SLIP** WILL BE ISSUED
- 6) **UNCLAIMED DOCUMENTS** WILL BE SHREDDED AFTER SIX (6) MONTHS FROM APPLICATION DATE.

RECEIVED BY (<i>PLEASE PRINT</i>)	DATE	
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