



ARELLANO UNIVERSITY SCHOOL OF LAW

Taft Avenue corner Menlo Street, Pasay City, Philippines



REQUEST FOR SCHOOL DOCUMENTS

Student Number: _____ Date of Filing: _____

Student Name: _____
FAMILY NAME GIVEN NAME MIDDLE NAME

Date of Birth: _____ Gender: MALE FEMALE

Postal Address: _____

Contact Number: _____ E-mail address: _____

| | | | |
|---|------------------------------------|---|------------|
| <input type="checkbox"/> Not Graduated Last Sem/SY Enrolled _____ | Admission Status | School Last Attended _____ | Year _____ |
| <input type="checkbox"/> Graduated Year Graduated _____ | <input type="checkbox"/> New _____ | <input type="checkbox"/> Transferee _____ | _____ |
| | Year of Entry (AUSL) _____ | Last Attendance (AUSL) _____ | _____ |

REQUEST FOR

| <input type="checkbox"/> Certification | No. of Copies | Purpose |
|--|---------------|---------|
| <input type="checkbox"/> Candidacy for Graduation | _____ | _____ |
| <input type="checkbox"/> Course Description | _____ | _____ |
| <input type="checkbox"/> English as Medium of Instruction | _____ | _____ |
| <input type="checkbox"/> Enrollment Attendance | _____ | _____ |
| <input type="checkbox"/> General Weighted Average (GWA) | _____ | _____ |
| <input type="checkbox"/> Academic Completion, Graduation w/ Honors | _____ | _____ |
| <input type="checkbox"/> Units Earned | _____ | _____ |
| <input type="checkbox"/> Good Moral Character | _____ | _____ |
| <input type="checkbox"/> Others _____ | _____ | _____ |

| | | |
|--|---------------|--|
| <input type="checkbox"/> Transcript of Records | No. of Copies | |
| <input type="checkbox"/> for Employment | _____ | |
| <input type="checkbox"/> for Study Abroad | _____ | |
| <input type="checkbox"/> for Travel Abroad | _____ | |
| <input type="checkbox"/> For Bar Exam | _____ | |
| <input type="checkbox"/> Visa Application | _____ | |
| <input type="checkbox"/> Others _____ | _____ | |
| | | |
| <input type="checkbox"/> Authentication of School Records / Certified True Copy | | |
| <input type="checkbox"/> Diploma (Requesting Party to present original) | _____ | |
| <input type="checkbox"/> Transcript of Records | _____ | |
| <input type="checkbox"/> CAV (Certification, Authentication, Verification) | _____ | |
| <input type="checkbox"/> Duplicate Diploma | _____ | |

| CLEARANCE |
|---|
| Accounting: By: _____ Date: _____ Remarks: _____ |
| To pay the following at the Bursar: _____ |
| Library: By: _____ Date: _____ Remarks: _____ |
| Office of Student Affairs: By: _____ Date: _____ Remarks: _____ |
| Medical: By: _____ Date: _____ Remarks: _____ |
| Audio Visual: By: _____ Date: _____ Remarks: _____ |
| Dean's Office: By: _____ Date: _____ Remarks: _____ |

DELEGATION

Name of authorized person _____
 Contact Number: _____

Signature of representative: _____

Conforme: _____
Signature over Printed Name

REMINDER

- a) If requested by the person himself/herself named in the document, a **valid Identification (ID) card** must be presented.
- b) If requested by an authorized person, the following items must be presented:
 1. (SPA) Special Power of Attorney
 2. Photocopy of at least 2 (two) valid identification (ID) cards of the authorizing person (owner); and Original & valid identification (ID) card of the authorized person.

Received by: _____
 Date Received: _____