

APPLICATION FOR VARIOUS DOCUMENTS

GUIDELINES

- (1) THIS FORM IS USED TO REQUEST FOR DIFFERENT OFFICIAL DOCUMENTS FROM THE OFFICE OF THE COLLEGE REGISTRAR.
- (2) STUDENT FILLS UP THE FORM. STUDENT SUBMITS THE FORM TO THE OFFICE OF THE COLLEGE REGISTRAR FOR VERIFICATION. STUDENT FORWARDS THE FORM TO THE OFFICE OF THE TREASURER FOR CLEARANCE AND PAYMENT OF CORRESPONDING FEE. STUDENT SHOWS THE OFFICIAL RECEIPT AND RETURNS THE FORM TO THE OFFICE OF THE COLLEGE REGISTRAR FOR PROCESSING. STUDENT WILL BE INFORMED WHEN TO CLAIM THE DOCUMENT REQUESTED.
- (3) DOCUMENTS UNDER (B) SHALL BE REQUIRING CLEARANCE FROM THE OFFICE OF THE TREASURER PRIOR TO PAYMENT OF THE REQUEST.

CONDITIONS

- (1) ONLY THE OWNER OF THE RECORD IS ALLOWED TO REQUEST FOR DOCUMENTS AS REGARDS HIS/HER ACADEMIC RECORDS AND CLAIM THE REQUESTED DOCUMENTS.
- (2) AN AUTHORIZATION LETTER IS REQUIRED IF THE OWNER CANNOT DO THE APPLICATION AND CLAIMING OF THE REQUESTED DOCUMENT PERSONALLY. THE REPRESENTATIVE MUST PRESENT ONE VALID ID AND ONE OF THE OWNER. IT IS UNDERSTOOD THAT WHEN THE TRANSFER CREDENTIALS HAS BEEN ISSUED BY THE OCR, STUDENT CANNOT CONTINUE HIS STUDY IN MCL.
- (3) PLEASE RETURN THIS FORM TO THE OFFICE OF THE COLLEGE REGISTRAR AFTER PAYMENT AT THE OFFICE OF THE TREASURER. THIS REQUEST CANNOT BE PROCESSED WITHOUT THIS FORM.
- (4) MCL RESERVES THE RIGHT TO DENY, WITHHOLD, OR CANCEL ANY REQUEST FOR DOCUMENT DUE TO PENDING ACCOUNTABILITIES.
- (5) DOCUMENTS NOT CLAIMED AFTER SIXTY (60) DAYS WILL BE DESTROYED.

CONFORME

I HAVE READ AND UNDERSTOOD ALL THE CONDITIONS WITH REGARD TO THIS REQUEST AND AGREE TO COMPLY WITH THEM.

SIGNATURE OVERPRINTED NAME / DATE

GENERAL INFORMATION

STUDENT NAME _____ SURNAME _____ GIVEN NAME _____ MIDDLE INITIAL _____ BIRTHDATE _____
 STUDENT NUMBER _____ PROGRAM / YEAR _____ GENDER _____
 ADDRESS _____ E-MAIL ADDRESS _____
 GRADUATE _____ MONTH / YEAR GRADUATION _____ STUDENT _____ SY / TERM LAST ENROLLED _____ TEL. / CELL NO. _____

DOCUMENTS REQUESTED

A. CERTIFICATIONS	QUANTITY	B. <input type="checkbox"/> TRANSCRIPT OF RECORDS	QUANTITY
<input type="checkbox"/> ENROLLMENT SY ____ TERM ____	<input type="text"/>	<input type="checkbox"/> FOR EMPLOYMENT	<input type="text"/>
<input type="checkbox"/> ATTENDANCE	<input type="text"/>	<input type="checkbox"/> FOR BOARD EXAM / PRC	<input type="text"/>
<input type="checkbox"/> MEDIUM OF INSTRUCTION	<input type="text"/>	<input type="checkbox"/> FOR EVALUATION PURPOSES	<input type="text"/>
<input type="checkbox"/> OTHERS _____	<input type="text"/>	<input type="checkbox"/> FOR FURTHER STUDIES	<input type="text"/>
CERTIFIED TRUE COPY	QUANTITY	<input type="checkbox"/> FOR GRADUATING / TRANSFERRING OUT PROCESSED BY OITS: _____	
<input type="checkbox"/> FGR SY ____ TERM ____	<input type="text"/>	<input type="checkbox"/> GRADE CERTIFICATION	<input type="text"/>
<input type="checkbox"/> CM SY ____ TERM ____	<input type="text"/>	<input type="checkbox"/> GOVERNMENT CAV	<input type="text"/>
<input type="checkbox"/> HIGH SCHOOL FORM 137-A	<input type="text"/>	<input type="checkbox"/> ISSUANCE OF DIPLOMA _____	<input type="text"/>
<input type="checkbox"/> HIGH SCHOOL FORM 138	<input type="text"/>	<input type="checkbox"/> OTHERS _____	<input type="text"/>
<input type="checkbox"/> OTHERS _____	<input type="text"/>		

CLEARANCE

OFFICE OF THE TREASURER / DATE

PROCESSED

OFFICE OF THE COLLEGE REGISTRAR / DATE

ISSUANCE

Date Requested: _____
 Due date: _____
 Received by: _____
 SIGNATURE OVERPRINTED NAME / DATE

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