



# 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 _____	<b>Admission Status</b>	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"/> <b>Certification</b>	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"/> <b>Transcript of Records</b>	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"/> <b>Authentication of School Records / Certified True Copy</b>		
<input type="checkbox"/> Diploma (Requesting Party to present original)	_____	
<input type="checkbox"/> Transcript of Records	_____	
<input type="checkbox"/> <b>CAV</b> (Certification, Authentication, Verification)	_____	
<input type="checkbox"/> <b>Duplicate Diploma</b>	_____	

<b>CLEARANCE</b>
<p><b>Accounting:</b>                  By: _____                  Date: _____                  Remarks: _____</p>
<p>To pay the following at the Bursar: _____</p>
<p><b>Library:</b>                  By: _____                  Date: _____                  Remarks: _____</p>
<p><b>Office of Student Affairs:</b>                  By: _____                  Date: _____                  Remarks: _____</p>
<p><b>Medical:</b>                  By: _____                  Date: _____                  Remarks: _____</p>
<p><b>Audio Visual:</b>                  By: _____                  Date: _____                  Remarks: _____</p>
<p><b>Dean's Office:</b>                  By: _____                  Date: _____                  Remarks: _____</p>

**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: \_\_\_\_\_