



**DE LA SALLE UNIVERSITY - DASMARIÑAS**  
Office of the Registrar

PLEASE PRINT

Records Section Use Only		
CLEARANCE	Received By:	Released By:

<b>DATE RECEIVED</b>		<b>DATE OF RELEASE</b>	
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PERSONAL INFORMATION	ACADEMIC INFORMATION
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LAST Name		ID Number	
FIRST Name		PROGCODE	
MIDDLE Name		<b>GRADUATION</b>	<b>CHANGE OF NAME</b>
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes, I graduated on _____ Date	Have you ever filed for a change/ correction of name w/ DLSU-D? <input type="checkbox"/> No <input type="checkbox"/> Yes
Birthdate		<input type="checkbox"/> No, I last attended DLSU-D on Term _____ SY _____ - _____	Original Name _____
Citizenship <input type="checkbox"/> Filipino <input type="checkbox"/> Others _____			

CONTACT INFORMATION	MANNER OF RELEASING
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Address		<input type="checkbox"/> I will personally pick it up
Contact No.		<input type="checkbox"/> I will send my representative to pick it up

SIGNATURE	NO. OF COPIES	AMOUNT
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DOCUMENT TYPE	NO. OF COPIES	AMOUNT
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Transcript of Records	<input type="checkbox"/> For reference purposes only <input type="checkbox"/> Official ( w/ S.O. # ) <input type="checkbox"/> Copy Valid <input type="checkbox"/> Official (For Board Examination purposes)		
Certification	<input type="checkbox"/> Enrolment <input type="checkbox"/> Graduation <input type="checkbox"/> Grades <input type="checkbox"/> Units earned <input type="checkbox"/> English as medium of instruction <input type="checkbox"/> Others, please specify _____		
Certified True Copy	<input type="checkbox"/> Diploma <input type="checkbox"/> Transcript of Records <input type="checkbox"/> Registration Form		
Others	<input type="checkbox"/> CAV ( CHED Authentication ) <input type="checkbox"/> Course Description <input type="checkbox"/> Transfer Credentials / Honorable Dismissal <input type="checkbox"/> Others, please specify _____		

**NOTE: PLEASE SUBMIT THIS FORM TOGETHER WITH THE OFFICIAL RECEIPT TO COUNTER 1 (REGISTRAR'S OFFICE)**

**Subtotal:** \_\_\_\_\_  
**Total:** \_\_\_\_\_

DO NOT FILL IN PRICE COLUMN-TO BE ASSESSED BY THE OFFICE OF THE UNIVERSITY REGISTRAR

## STUDENT CLEARANCE

	ACCOUNTABILITY	SIGNATURE	DATE SIGNED
✓ College Dean			
✓ Aklatang Emilio Aguinaldo			
Student Welfare & Formation Office			
Guidance & Counseling Office			
Campus Ministry Office			
Alumni Office			
✓ Accounting Office			
✓ Registrar's Office/Records Section			