



DE LA SALLE UNIVERSITY - DASMARIÑAS
Office of the Registrar

PLEASE PRINT

Records Section Use Only		
CLEARANCE	Received By:	Released By:

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

CONTACT INFORMATION		MANNER OF RELEASING	
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Address		<input type="checkbox"/> I will personally pick it up	Original Name _____
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 <input type="checkbox"/>				
	<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			
✓ POLCA			
✓ Registrar's Office/Records Section			