



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	
LAST Name		ID Number	
FIRST Name		PROGCODE	
MIDDLE Name		GRADUATION	CHANGE OF NAME
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 _____	MANNER OF RELEASING	
CONTACT INFORMATION		<input type="checkbox"/> I will personally pick it up <input type="checkbox"/> I will send my representative to pick it up (Please attach authorization letter & 1 valid ID of the requisitioner)	
Address		DOCUMENT TYPE	
Contact No.		SIGNATURE	

DOCUMENT TYPE	NO. OF COPIES	AMOUNT
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			
✓ POLCA			
✓ Registrar's Office/Records Section			