

UNIVERSITY OF SANTO TOMAS OFFICE OF THE REGISTRAR



Records Verification Form

Fill out the required fields:						
Name (during stay in the University) Last Name, Given Name, Middle Name						
Program /Degree		Date of Graduation/Last Attendance		Date of Birth (MM/DD/YYY)		
Vouifying Institut	on	Contact Datails		Email Addre	200	REQUIRED
Verifying Institut	IOII	Contact Details		Email Addre	ess	REQ
Applicant's Conta Details (Telephone/Mobile		Applicant's Email Address	Purj	pose of Verif	ication	
Ctudent Number		Attached Academic Decords (Tuesdanie	ot Dinlama	242)	
Student Numbe	ſ	Attached Academic Records (*	I ranscrij	ot, Diploma,	etc.)	OPTIONAL
•	ing ins	ersity of Santo Tomas to release of titution stated above. Attached in ars my signature.	_	_	-	
Applicant's signature over printed name Da					ate	
	egistrar	use only (please do not fill out th	nis part)			
Received date:						
Received by:						
Put a check on the sta		he form upon receipt:				
Conditions				Yes	No)
Are the required fields complete?						
Are the attachments complete? Does the signature of the applicant match with the attached						
Identification card?						
Remarks:			I		1	