

	Reference No.: SPC-FO-REG-09	Effectivity Date: January 05, 2025	Revision No.: 01
CONSENT FORM FOR THE EVALUATION OF ACADEMIC RECORDS			
Name of Student:	<div>Last NameFirst NameMiddle NameExtension Name (if applicable)</div>		
College:			
Program:			
Major:			
Scholarship Grant:			
Name of Parents/Guardian:		Contact Number:	
		Contact Number:	
<div><input type="checkbox"/> In submitting this form, I agree to my details being used for the purposes of evaluating my academic records and in other processes relevant to my graduation as an honor graduate. I understand that when this information is no longer required for this purpose, official university procedure will be followed to dispose my data.</div>			
Submitted by:		Reviewed by:	
<div>Signature over Printed Name of Student Date Signed:</div>		<div>Signature over Printed Name of Registrar's Staff Date Signed:</div>	

Required Attachments: Certification of Good Moral Character and authenticated copy of Certification of OJT Completion