

Date: \_\_\_\_\_

**Engr. EMY LOU G. ALINSOD**

Campus Registrar

PUP Santa Rosa Campus

Dear Engr. Alinsod,

I \_\_\_\_\_, who is a student of this Campus under the degree  
**(NAME)**  
 program of \_\_\_\_\_ would like to request  
**(COURSE)**  
 in your good office the following for \_\_\_\_\_.  
**(PURPOSE)**

	School Year & Semester	No. of Copies
<input type="checkbox"/> Certification of Grades (COG)	_____	_____
<input type="checkbox"/> Certified True Copy of Certificate of Registration	_____	_____
<input type="checkbox"/> Informative Copy of Grades	_____	_____
<input type="checkbox"/> Others (please specify) _____	_____	_____

Your favorable response to this request is highly appreciated. Thank you very much!

Respectfully yours,

Signature over Printed Name

To be filled up by ARO Staff:

Receipt No: \_\_\_\_\_

Date Paid: \_\_\_\_\_