



Reference No.: BatStateU-FO-REG-09

Effectivity Date: May 18, 2022

Revision No.: 03

CONSENT FORM FOR THE EVALUATION OF ACADEMIC RECORDS

| | | | | |
|---------------------------|---|------------------------------------|---|-----------------------------------|
| Please check the Campus: | <input type="checkbox"/> Pablo Borbon | <input type="checkbox"/> Alangilan | <input type="checkbox"/> ARASOF - Nasugbu | |
| | <input type="checkbox"/> JPLPC - Malvar | <input type="checkbox"/> Balyan | <input type="checkbox"/> Lipa | <input type="checkbox"/> Lemery |
| | <input type="checkbox"/> Lobo | <input type="checkbox"/> Mabini | <input type="checkbox"/> Rosario | <input type="checkbox"/> San Juan |
| Name of Student: | Last Name | First Name | Middle Name | Extension Name (if applicable) |
| College: | | | | |
| Program: | | | | |
| Major: | | | | |
| Scholarship Grant: | | | | |
| Name of Parents/Guardian: | | Contact Number: | | |
| | | Contact Number: | | |

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.

Submitted by:

Signature over Printed Name of Student
Date Signed:

Reviewed by:

Signature over Printed Name of Registrar's Staff
Date Signed:

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