

	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"/> Balayan	<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:	<div><div>Last Name</div><div>First Name</div><div>Middle Name</div><div>Extension Name <i>(if applicable)</i></div></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><div>Signature over Printed Name of Student</div><div>Date Signed:</div></div>		<div><div>Signature over Printed Name of Registrar's Staff</div><div>Date Signed:</div></div>		

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