

	TECHNOLOGICAL UNIVERSITY OF THE PHILIPPINES CAVITE CAMPUS Carlos Q. Trinidad Avenue, Salawag, Dasmariñas City, Cavite, Philippines Telefax: (046) 416-4920 Email: cavite@tup.edu.ph Website: www.tup.edu.ph	
OCR	LIST OF PAYMENTS	Page 1/1

Full Name: _____ Course: _____ Date: _____

LIST OF PAYMENTS

- ☐ Transcript of Records (TOR) _____ page/s
- ☐ Certification
- ☐ Diploma
- ☐ CAV
- ☐ Subject Description _____ subject/s
- ☐ Authentication
- ☐ Verification
- ☐ Evaluation of Grades

Present this stub upon payment to the Cashier.

TUPC-F-OAA-OCR-001 ØØ (03.21.18)

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OCR	CLAIM STUB	Page 1/1

Full Name: _____ Course: _____ Date: _____

Request for credentials (please check)

- ☐ Transcript of Records (TOR)
- ☐ Certification _____
- ☐ Diploma
- ☐ CAV
- ☐ Subject Description
- ☐ Authentication
- ☐ Honorable Dismissal
- ☐ Others (Please specify) _____

Present this stub upon claiming documents.

WITH AUTHORIZED REPRESENTATIVE:

Please bring the following:

1. **AUTHORIZATION LETTER** (Formal Letter) from the owner.

2. **PHOTOCOPY OF VALID ID'S** of the owner and the representative.

Date of Release: _____

Processed by: _____

TUPC-F-OAA-OCR-003 Ø1 (09.25.18)

	TECHNOLOGICAL UNIVERSITY OF THE PHILIPPINES CAVITE CAMPUS Carlos Q. Trinidad Avenue, Salawag, Dasmariñas City, Cavite, Philippines Telefax: (046) 416-4920 Email: cavite@tup.edu.ph Website: www.tup.edu.ph	
OCR	REQUEST FORM	Page 1/1

Full Name: _____ Course: _____ Date: _____ Control No. _____

Address: _____ Contact No. _____

☐ Currently enrolled ☐ Old Student ☐ Graduate (year graduated) _____

Request for credentials (please check)

- ☐ Transcript of Records (TOR)
- ☐ Certification _____
- ☐ Diploma
- ☐ CAV
- ☐ Subject Description
- ☐ Authentication/Verification
- ☐ Honorable Dismissal
- ☐ Others (Please specify) _____

Purpose of request: _____

Submit requirements: ☐ Form 137-A ☐ Clearance ☐ Official Receipt

Date of Release: _____ Processed By: _____

TUPC-F-OAA-OCR-011 ØØ (09.25.18)