

	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: GRACE, DANA Course: BET-Computer Engineering Technology Date: 2022-11-20

LIST OF PAYMENTS

<input type="checkbox"/> Transcript of Records (TOR) _____ page/s	<input type="checkbox"/> Subject Description _____ subject/s
<input type="checkbox"/> Certification _____	<input type="checkbox"/> Authentication _____
<input type="checkbox"/> Diploma _____	<input type="checkbox"/> Verification _____
<input type="checkbox"/> CAV _____	<input type="checkbox"/> Evaluation of Grades _____

Present this stub upon payment to the Cashier.

TUPC-F-OAA-OCR-001 ØØ (03.21.18)

	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	CLAIM STUB	Page 1/1

Full Name:GRACE, DANA Course: BET-Computer Engineering Technology Date: 2022-11-20

Request for credentials (please check)

<input type="checkbox"/> Transcript of Records (TOR)	<input type="checkbox"/> Subject Description
<input type="checkbox"/> Certification _____	<input type="checkbox"/> Authentication
<input type="checkbox"/> Diploma	<input type="checkbox"/> Honorable Dismissal
<input type="checkbox"/> CAV	<input checked="" type="checkbox"/> Others (Please specify) _____

Present this stub upon claiming documents.

WITH AUTHORIZED REPRESENTATIVE: Date of Release: 2022-12-25
Please bring the following: Processed by: Sarah Jane Velos
1. **AUTHORIZATION LETTER** (Formal Letter) from the owner.
2. **PHOTOCOPY OF VALID ID'S** of the owner and the representative.

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: GRACE, DANA Course: BET-Computer Engineering Technology Date:2022-11-20 Control No. 14

Address: BULUSAN Contact No. 0946-948-7816
☒ Currently enrolled ☐ Old Student ☐ Graduate (year graduated) _____

Request for credentials (please check)

<input type="checkbox"/> Transcript of Records (TOR)	<input type="checkbox"/> Subject Description
<input type="checkbox"/> Certification _____	<input type="checkbox"/> Authentication/Verification
<input type="checkbox"/> Diploma	<input type="checkbox"/> Honorable Dismissal
<input type="checkbox"/> CAV	<input checked="" type="checkbox"/> Others (Please specify) _____

Purpose of request: BASTA
Submit requirements: ☐ Form 137-A ☒ Clearance ☒ Official Receipt
Date of Release: 2022-12-25 Processed By: Sarah Jane Velos

TUPC-F-OAA-OCR-011 ØØ (09.25.18)