



**REGISTRAR'S OFFICE
REQUEST FORM**

Date: _____

PERSONAL INFORMATION

Name: _____
Last Name First Name Middle Name
Student no.: _____ Program: _____
Date of Graduation: _____
Contact No.: _____
Email address: _____

REQUEST (Check the list below):

- | | |
|---|---|
| <input type="checkbox"/> Transcript of Record (1st Copy) | <input type="checkbox"/> Certification of Graduation |
| <input type="checkbox"/> Transcript of Record (1st Copy) | <input type="checkbox"/> Certification of Latin Honor |
| <input type="checkbox"/> Diploma | <input type="checkbox"/> Informative Copy of Grades |
| <input type="checkbox"/> Honorable Dismissal | <input type="checkbox"/> Certification (Course Description) |
| (Certification of Transfer Credentials) | <input type="checkbox"/> Certified True Copy |
| <input type="checkbox"/> Certification, Authentication &
Verification (for: _____) | Specify: _____ |
| <input type="checkbox"/> Other/s (Specific: _____) | |

Purpose: _____

DATA PRIVACY NOTICE

We respect and value your rights as data subjects under the Data Privacy Act (DFA), PUP Binan Campus is committed to protecting the personal data you provide in accordance with the requirements of the DFA and its IRR. In this regard, PUP implement reasonable and appropriate security measures to maintain this confidentiality, integrity and availability of your personal data .

(SIGNATURE OVER PRINTED NAME)

(For the Registrar)

RECEIVED: _____

OR NO.: _____