*Instructions:*

1. *Fill up this form completely and accurately. Print or type the information requested.*
2. *Official documents will be processed only upon settlement of all financial, academic, and documentary liabilities with the school and upon full payment of documents requested. Releasing of requested documents is by schedule.*

| **LAST NAME** | | | **FIRST NAME** | | | | **MIDDLE NAME** | | | | **SUFFIX (If Any)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  | | | |  | | | |  |
| **PROGRAM:** |  | | | | | | MAJOR | | |  | |
| MINOR | | |  | |
| **SEMESTER** |  | | | | **SCHOOL YEAR** | |  | | | | |
| Clearance From: | Signature | | | Remarks | | Date | | **REQUEST FOR THE FOLLOWING** | | | |
| Program Chair |  | | |  | |  | |  | Official Transcript of Records | | |
| Librarian |  | | |  | |  | |  | Diploma | | |
| Registrar |  | | |  | |  | |  | Certification of Units Earned | | |
| Cashier |  | | |  | |  | |  | Honorable Dismissal | | |
| **OR Number:** | | **Amount Paid:** | | | |  | |  | Others  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |



**SIGNATURE OVER PRINTED NAME OF STUDENT** PROCESSED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Release: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEAN

DMMMSU-CGS-F007

Rev. No. 00(07.15.2020)

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**STUDENT COPY**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  | | | |  | | | |  |
| **PROGRAM:** |  | | | | | | MAJOR | | |  | |
| MINOR | | |  | |
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| **OR Number:** | | **Amount Paid:** | | | |  | |  | Others  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |



**SIGNATURE OVER PRINTED NAME OF STUDENT** PROCESSED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Release: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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