



GENERAL CLEARANCE
(FOR GRADUATING/HONORABLE DISMISSAL/GRADUATE STUDENTS)

PLEASE PRINT ALL ENTRIES LEGIBLY

STUDENT NUMBER:		DATE OF FILING:		YEAR GRADUATED IN PUP:	
LAST NAME:		FIST NAME:		MIDDLE NAME:	
AGE:	SEX:	CIVIL STATUS: () SINGLE, () MARRIED, () OTHERS (PLS. SPECIFY) :			
DEGREE/PROGRAM:					
PERMANENT ADDRESS:					
EMAIL ADDRESS:			TELEPHONE/CELLPHONE NO.:		
ELEMENTARY SCHOOL:			YEAR GRADUATED:		
HIGH SCHOOL:			YEAR GRADUATED:		
Purpose of Request:					
Please Check your Request:	() TRANSCRIPT OF RECORDS () CERTIFIED TRUE COPY () CERTIFICATE OF GRADUATION () DIPLOMA () HONORABLE DISMISSAL () OTHERS: _____				

THE ABOVE-NAMED STUDENT IS CLEARED OF ALL MONEY AND PROPERTY RESPONSIBILITIES IN MY OFFICE.
(To be signed by the duly authorized representative of the respective offices.)

RESEARCH	:	_____	ACADEMIC/DIRECTOR OFFICE	:	_____
LIBRARY	:	_____	GUIDANCE & COUNSELING OFFICE:	:	_____
ACCOUNTING. OFFICE	:	_____	STUDENT AFFAIRS & SERVICES:	:	_____
ALUMNI OFFICE	:	_____			

Signature: _____ Received by: _____
DUE DATE _____ Date Received: _____

THIS CLEARANCE IS VALID ONLY FOR SIX (6) MONTHS. Date: _____
(CLAIM STUB)

Name: _____
(Surname) (First Name) (Middle Name)
Please claim your request for _____ on _____
(Requested Credentials) **DUE DATE** (if records are complete)

REQUIREMENTS WHEN CLAIMING CREDENTIALS:

- _____ For Transcript of Records (TOR) – Identical 2 pcs 2X2 colored/latest picture with white background formal pose
- _____ For CTC and other documents – 1 pc 2X2 latest picture of the student/owner of records
- _____ Documentary Stamp
- _____ Proof of Payment (Receipt)
- _____ PUP Student I.D. (to be surrendered)

NOTE:

- PLEASE FOLLOW-UP ON _____ TO LEARN ABOUT STATUS OF YOUR REQUEST/S.
- BRING IDENTIFICATION CARDS WITH PICTURES AND SIGNATURE
- FOR THE REPRESENTATIVE WHO WILL CLAIM THE TRANSCRIPT OF RECORDS/DIPLOMA PLEASE BRING:**
Special Power of Attorney from the student and ID of the representative.
- FOR THE REPRESENTATIVE WHO WILL CLAIM THE CERTIFICATION PLEASE BRING:**
Authorization Letter with ID from the student and ID of the representative.
- FOR LOST CLAIM STUB, PLEASE SUMIT**
Duly Notarized Affidavit

FOR FOLLOW-UP, PLEASE CALL THE ADMISSION OFFICE: 8-287 8204