

SCHOOL CREDENTIAL REQUEST AND CLEARANCE SLIP

PERSONAL DATA (pls. fill out completely)	This Section is to be filled-out by the Registrar's staff only
Date filled: _____ Student #: _____	To be claimed on: _____ Time: _____
Name of Student: _____	Assisted by: _____
Course: _____ Major/Specialization: _____	Received by: _____
Graduated: ____ Yes ____ No Date of Graduation: _____	Signature over Printed Name _____ Date _____
Academic Honor Received: _____	Released by: _____
If not graduated, Year Level: _____ School Year: _____ Semester: _____	For Good Moral Certificate Request: _____
Home Address: _____	Semester & SY started: _____
Contact No: _____ Email Add: _____	Semester & SY graduated/stopped: _____
Birth Date: _____ Birth Place: _____	NSTP Serial No: _____
Religion: _____ Citizenship: _____ Sex: _____	S.O. No: _____
Name of Father: _____	Date Issued: _____
Name of Mother: _____	
Name of Guardian/Spouse: _____	
If annulled pls. present supporting documents (female only)	CLEARANCE CERTIFICATION (To be filled-out by concerned offices) This is to certify that the student whose name appeared here is cleared of any financial obligation from offices below.
PRELIMINARY EDUCATION:	FSUU Bookstore: Signature over Printed Name _____
Elementary: _____	Office of Admission & Scholarships: Signature over Printed Name _____
Year Graduated: _____	For Board Exam Purposes: Signature over Printed Name _____
Secondary: _____	Thesis Clearance: Signature over Printed Name _____
Year Graduated: _____	Data Administration Office: Old Account _____ OPIS _____ Amount ₱ _____
Junior High: _____	Signature over Printed Name _____
Year Graduated: _____	Cashier: OR#: _____ Amount Paid: _____ Date Paid: _____ (attach O.R.) Signature over Printed Name _____
Senior High: _____	
Year Graduated: _____	
For Law & Graduate Studies Students	
Tertiary: _____	
Year Graduated: _____	
Please fill-out below if currently employed	
Employed at: _____	
Position: _____	
Requesting for: (check applicable box or boxes)	
Credential Type No. of Copy Amount	
<input type="checkbox"/> Transcript of Records _____	
<input type="checkbox"/> Honorable Dismissal _____	
<input type="checkbox"/> Good Moral Character _____	
<input type="checkbox"/> Diploma _____	
<input type="checkbox"/> Authentication _____	
<input type="checkbox"/> Course Description / Outline _____	
<input type="checkbox"/> Certification _____	
<input type="checkbox"/> CAV / Red Ribbon _____	
Total ₱ _____	
Purpose: _____	
Assisted by _____	

PLEASE BE REMINDED OF THE FOLLOWING:

1. Present Official Receipt from the Cashier upon claiming requested documents. **ALL FEES PAID ARE NON-REFUNDABLE.**

2. If claimant is **NOT** the student, please submit the following:

a) Authorization Letter b) Photocopy of any gov't. Issued ID of the claimant and the student

3. TOR request **(will only be processed upon receipt of picture thru email)**

*Processing time is 12-24 working days *Submit ₱30.00 worth documentary stamps

*Email scanned passport size ID picture in jpeg format (size 640x480 pixels or 72 DPI) to registrar.staff@urios.edu.ph with subject: **Lastname_Firstname_Course+last SY attended**
(Example: BAUTISTA_MARIE_BSIT2012-13) and picture file name: **student number** (Example: 1210000345.jpg)