

Father Saturnino Urios University

OFFICE OF THE REGISTRAR

Butuan City

Tel. No. (085) 342-1830 Local 3512/Email Address: registrar@urios.edu.ph

Revised RO-F5-8
SY 2019-2023
S6-S4-2017

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 #: _____	For Good Moral Certificate Request:																														
Name of Student: _____	Semester & SY started: _____																														
Course: _____ Major/Specialization: _____	Semester & SY graduated/stopped: _____																														
Graduated: ____ Yes ____ No Date of Graduation: _____	Status: _____																														
Academic Honor Received: _____																															
If not graduated, Year Level: _____ School Year: _____ Semester: _____																															
Home Address: _____																															
Contact No: _____ Email Add: _____																															
Birth Date: _____ Birth Place: _____																															
Religion: _____ Citizenship: _____ Sex: _____																															
Name of Father: _____																															
Name of Mother: _____																															
Name of Guardian/Spouse: _____																															
If annulled pls. present supporting documents (female only)																															
PRELIMINARY EDUCATION:																															
Elementary: _____																															
Year Graduated: _____																															
Secondary: _____																															
Year Graduated: _____																															
Junior High: _____																															
Year Graduated: _____																															
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)																															
<table><thead><tr><th>Credential Type</th><th>No. of Copy</th><th>Amount</th></tr></thead><tbody><tr><td><input type="checkbox"/> Transcript of Records</td><td>_____</td><td>_____</td></tr><tr><td><input type="checkbox"/> Honorable Dismissal</td><td>_____</td><td>_____</td></tr><tr><td><input type="checkbox"/> Good Moral Character</td><td>_____</td><td>_____</td></tr><tr><td><input type="checkbox"/> Diploma</td><td>_____</td><td>_____</td></tr><tr><td><input type="checkbox"/> Authentication</td><td>_____</td><td>_____</td></tr><tr><td><input type="checkbox"/> Course Description / Outline</td><td>_____</td><td>_____</td></tr><tr><td><input type="checkbox"/> Certification</td><td>_____</td><td>_____</td></tr><tr><td><input type="checkbox"/> CAV / Red Ribbon</td><td>_____</td><td>_____</td></tr><tr><td colspan="2"></td><td>Total ₱ _____</td></tr></tbody></table>	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 ₱ _____	
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Purpose: _____																															
Assisted by _____																															
	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.																														
	FSUU Bookstore: _____ Signature over Printed Name																														
	Office of Admission & Scholarships: _____ Signature over Printed Name																														
	For Board Exam Purposes: _____ Signature over Printed Name																														
	Thesis Clearance: _____ Signature over Printed Name																														
	Data Administration Office: Old Account _____ OPIS _____ Amount ₱ _____ _____ Signature over Printed Name																														
	Cashier: OR#: _____ Amount Paid: _____ Date Paid: _____ (attach O.R.) _____ Signature over Printed Name																														

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)