


**BESTLINK COLLEGE OF THE PHILIPPINES, INC.**

1071 Brgy. Kaligayahan, Quirino Hi-way, Novaliches, Quezon City

 Tel: (8)518-8050 / Email: [bestlink.registrar@gmail.com](mailto:bestlink.registrar@gmail.com)
**DATE OF RELEASE:**
**OFFICE OF THE REGISTRAR  
REQUEST FOR BCP DOCUMENT/S**
**PASSPORT SIZE  
PICTURE**

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
COURSE:		STUDENT NUMBER:		SEX:	
PLACE OF BIRTH:		DATE OF BIRTH:		LAST TERM OF ENROLLMENT IN BCP/ DATE OF GRADUATION:	
CURRENT ADDRESS:					
SCHOOL LAST ATTENDED / PREVIOUS SCHOOL:					
CONTACT NUMBER:			EMAIL ADDRESS:		
GUARDIAN'S FULL NAME:			CONTACT NUMBER:		
PENDING REQUIREMENT/S:			DATE ACCOMPLISHED:		

REQUESTED DOCUMENT/S	AMOUNT
OR NUMBER:	TOTAL

**PURPOSE:**
**CLAIM STUB**

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**DATE OF RELEASE:**

LAST NAME		FIRST NAME:		MIDDLE NAME:	
COURSE:		LAST TERM OF ENROLLMENT IN BCP/ DATE OF GRADUATION:			

REQUESTED DOCUMENT/S	AMOUNT
TOTAL	

**PENDING REQUIREMENT/S:**
**DATE FILED:**
**ASSESSED BY:**

# CLEARANCE

	DEPARTMENT CONCERNED	LOCATION	SIGNATURE	DATE
Step 1	ACCOUNTING DEPARTMENT (MIS or BIS Office)	3rd floor BCP Annex		
Step 2	ALUMNI COORDINATOR	BCP MV Campus		
Step 3	GUIDANCE COUNSELOR	2nd floor BCP Main		
Step 4	DEPARTMENT HEAD	Main / Annex / MV Campus / Heavenly Drive Campus / San Agustin Campus		
Step 5	LIBRARY	MV Campus		

**Note:** Upon completion of the **CLEARANCE PROCESS**, please ensure that this form is **PROMPTLY SUBMITTED** to the **OFFICE OF THE REGISTRAR** to facilitate the **TIMELY SCHEDULING AND CONFIRMATION** of the **RELEASE DATE** for the requested document(s). This will also ensure the **EFFICIENT PROCESSING** of any subsequent transactions. Additionally, it is essential **TO RETAIN A COPY OF THE CLEARANCE** to prevent the need for restarting the process from the beginning.

DATE FILED:

DATE RELEASE:

\_\_\_\_\_

\_\_\_\_\_

## CONFORME

I have read and fully understand all the conditions and requirements in connection with this request and hereby agree to comply with all of them.

\_\_\_\_\_  
Signature Over Printed Name

\_\_\_\_\_  
DATE

## CLAIMING

PICK-UP

☐

The document/s must be claimed by the owner who must **present one (1) valid ID** and the **CLAIMING STUB** upon claiming.

PROXY

☐

Upon claiming of the document/s by the representative, she/he needs to present the following:

1. **One Valid ID from the claimant**
2. **Authorization Letter with valid ID of the owner**
3. **CLAIM STUB**

1. **ONLY OWNER** of the records concerned is allowed to request for document/s in connection with her/his school records and claim the requested document/s, unless authorized in writing by the owner.

2. The college reserves the right to withhold, deny or cancel any request for document due to pending accountabilities or any legitimate reason.

3. The processing time for release varies **depending on the course**, as follows:

3.1. For **LEVEL II** accredited programs (**BSHM, BSBA, BSCRIM, BSED, & BEED**), the processing time is **7 working days** from the date of filing.

3.2. For **Programs** with candidate status (**BSIT, BSCPE, BLIS, BSP, BSOA, BSAIS, BSTM, BSENTREP, BPED, & BTLED**), the processing time is **15 working days** from the date of filing.

4. Document/s not claimed after **90 DAYS** from due date will be **DISPOSED** of and payments made will be **FORFEITED**.

## CONFORME

I have read and fully understand all the conditions and requirements in connection with this request and hereby agree to comply with all of them.

\_\_\_\_\_  
Signature Over Printed Name

\_\_\_\_\_  
DATE