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|  | Reference No.: SPC-FO-REG-09 | | | Effectivity Date: January 05, 2025 | | | | | Revision No.: 01 |
| **CONSENT FORM FOR THE EVALUATION OF ACADEMIC RECORDS** | | | | | | | | | |
| Name of Student: | | Last Name |  | First Name | |  | Middle Name | | Extension Name  *(if applicable)* |
| College: | |  | | | | | | | |
| Program: | |  | | | | | | | |
| Major: | |  | | | | | | | |
| Scholarship Grant: | |  | | | | | | | |
| Name of Parents/Guardian: | |  | | | | | Contact Number: |  | |
|  | | | | | Contact Number: |  | |
| In submitting this form, I agree to my details being used for the purposes of evaluating my academic records and in other processes relevant to my graduation as an honor graduate. I understand that when this information is no longer required for this purpose, official university procedure will be followed to dispose my data. | | | | | | | | | |
| Submitted by:  Signature over Printed Name of Student Date Signed: | | | | | Reviewed by:  Signature over Printed Name of Registrar’s Staff Date Signed: | | | | |

Required Attachments: Certification of Good Moral Character and authenticated copy of Certification of OJT Completion