

Letter Of Authorization



Letter of Authorization

I hereby authorize International Specialized Verification Services, its authorized affiliates, agents and subsidiaries, acting on its behalf to verify information, documentation and background verification presented with my application form including but not limited to education, employment and licenses.

I hereby grant the authority for the bearer of this letter, with immediate effect to release all necessary information to the International specialized Verification Services, its authorized affiliates, agents and subsidiaries.

This information / documentation may contain but is not limited to grades, dates of attendance, grade point average, degree / diploma certification, employment title, employment tenure, license attained, status of the license, place of issue and any other information deemed necessary to conduct the verification of the information / documentation provided.

I hereby release all persons or entities requesting or supplying such information from any liability arising from such disclosure. I confirm and acknowledge that a photocopy of this authorization be accepted with the same authority as the original.

I acknowledge the right for the Information Recipient to disclose my information to a third party.

Passport / Identity Card Number : P5728922B / 273040905684

Name : JULIUS LACAMPUENGA

Date Of Birth: 09/04/1973

Date : 06/03/2023

Signature :

خطاب تفويض

انا الموقع ادناه افوض شركة خدمات التحقق المتخصصة الدولية، و من تفوضه رسمياً، لتحقيق نيابة عني في المعلومات و الوثائق المرفقة بطلبي بما في ذلك على سبيل المثال لا الحصر على الشهادات العلمية، و الخبرات الوظيفية و الرخص المهنية من الجهات المصدرة لهذه الوثائق الشهادات.

و بموجب هذا التفويض، أمنح الحق لحاملي هذا الخطاب تسليم جميع المعلومات الخاصة بي لشركة خدمات التحقق المتخصصة الدولية ومن تفوضه رسمياً لذلك.

و تشمل هذه المعلومات و الوثائق المطلوبة على سبيل المثال لا الحصر على تواريخ الدراسة، و المعدل التراكمي، و الدرجة أو الشهادات العملية، و المسمى الوظيفي، و مدة الخدمة، و الترخيص المهني وحالة الترخيص، و مكان الإصدار، و أية معلومات أخرى ضرورية لإجراءات التحقق من المعلومات و الوثائق المقدمة من قبلي.

وأقر بأن أخلي مسؤولية جميع الأشخاص أو الجهات الطالبة لهذه المعلومات من أي مسؤولية قانونية قد تنشأ عن ذلك. و أوافق على أن تكون صورة هذا الخطاب مثل الأصل.

كما افوض مستلم المعلومات الكشف عن هذه المعلومات الى اي طرف ثالث ذات علاقة.

رقم جواز السفر : P5728922B / 273040905684

الاسم : JULIUS LACAMPUENGA

تاريخ الميلاد: 09/04/1973

التاريخ: 06/03/2023

التوقيع:

CENTRO ESCOLAR U.
Mendiola, Manila

CERTIFIED TRUE COPY

Rhoda C. Aguilar
RHODA C. AGUILAR, Ph.D.
University Registrar

JAN 29 2019

Date



Centro Escolar University
College of Dentistry
RECOGNIZED BY THE GOVERNMENT

In accordance with the laws in force in the Philippines, the Board of Directors of the Centro Escolar University pursuant to the recommendation of the Faculty of the College of Dentistry same institution has this day conferred the degree of Certificate of Proficiency as Dental Technician upon **Julius B. Lacampueña** who has completed the prescribed course of instruction and passed the examinations therein according to the regulations established by the Department of Education, Culture and Sports.

Given under the Seal of the Centro Escolar University in Manila, Philippines

this 25th of March in the year nineteen hundred and ninety five.



[Signature]
Dean

Amos T. Echavez
President

"The validity of this certification is for five (5) years, unless specified by the attached document."

O.R. No.

0405

DATE

26 February 2019, mmf.r

(Not valid without DFA dry seal, red ribbon, documentary stamp and if document bears any visible physical tampering, erasures or if soiled and worn out).

CENTRO ESCOLAR UNIVERSITY
Manila, Philippines

OFFICIAL TRANSCRIPT OF RECORD

OFFICE OF THE UNIVERSITY REGISTRAR

PRELIMINARY EDUCATION COMPLETED: NAME JULIUS B. LACAMPUEÑA
 Primary (School) Rosario Ocampo Elem. School School Year 1985 Date & Place of Birth 4/9/75 - Manila
 Intermediate (School) Rosario Ocampo Elem. School School Year 1987 Nationality Filipino Sex M
 Secondary (School) Siena College of Taytay School Year 1991 Home Address _____
 NCEE % Rank X-X-X Year Taken X-X-X Parent/Guardian Alfredo Lacampueña
 Degree/Title Obtained CERTIFICATE OF PROFICIENCY AS DENTAL TECHNICIAN Address 248 Rizal Ave., Taytay, Rizal
 Date Graduated March 25, 1995 Course _____ Major _____
 TESDA D No. 14-03:0135 s. 19 95 Date Issued October 30, 1995

TERM	COURSE NUMBER	DESCRIPTIVE TITLE OF THE COURSE	FINAL GRADE	CREDITS
CENTRO ESCOLAR UNIVERSITY				
1993-94 1st Sem	Engl 11	Communication Skills I	2.5	3
	Fil 1	Sining ng Pakikipagtalastasan A	2.5	3
	Psycho 1	General Psychology and Drug Education	2	3
	Math 10	Basic Mathematics	2.25	3
		Dental Anatomy	3	3
		Human Anatomy	2.5	3
		Dental Materials	2.75	3
	P. E. 1	Physical Fitness	2.75	2
	Religion 11	Kasaysayan ng Kaligtasan	3	2
	Soc Arts 11	Understanding Oneself	2.75	1
		CMT	3	1.5
	Engl 12	Communication Skills 2	3	3
	Fil 2	Panitikang Fil.: Isang Pagpapahalaga A	2.75	3
	Bio Sc 10	Environmental Science	3	5
2nd Sem	Hist 1	Phil. History with Rizal	2.75	3
	Philo 11	Ethics	3	3
	Pol Sc 2	Phil. Constitution & Government	2.25	3
		Dental Equipment & Instruments	1.5	1
		Dental Materials	2.5	2
		Oral Hygiene	3	2
	P. E. 2	Rhythmic Activities	3	2
	Religion 12	Ang Simbahan at ang mga Sakramento	2.25	2
	Soc Arts 12	Personality Development	2.25	1
		Prosthodontics I (Fixed Partial)	2.5	4
		Prosthodontics II (Removable Partial)	2.25	4
		Prosthodontics III (Complete Denture)	2.5	4
		Practicum I	1.75	4
		Business Management	3	3
1994-95 1st Sem	P. E. 3	Individual and Dual Sports	1.75	2
	Soc Arts 13	Heterosexual Relationship	1.75	1
	Engl 13	Effective Writing	2.25	3
		Prosthodontics I (Fixed Partial)	2.5	3
		Prosthodontics II (Removable Partial)	2.75	3
		Prosthodontics III (Complete Denture)	2.75	3
		Practicum 2	2.25	4

Grading System: 1.00-Excellent(Ex)98-100; 1.25-1.50-Superior(Sup)92-97; 1.75-2.00-Very Satisfactory(VS)86-91; 2.25-2.50-Satisfactory-(S)80-85; 2.75-Fairly Satisfactory(FS)77-79; 3.00-Barely Satisfactory(BS)75-76; 5.00-Unsatisfactory(US)Below 70; O.D.-Officially Dropped; U.D.-Unofficially Dropped; NFE-No Final Examination; NFR-No Final Requirements.

Credits: One university unit of credit is one hour of lecture or recitation each week for a period of a complete semester of 18 weeks. In all courses, three hours of laboratory work, and, in the technical courses, three hours of drafting or shop work are regarded as the equivalent of one recitation or lecture.

Note: This copy is an exact reproduction of the transcript on file with the office of the University Registrar and is considered as an original copy when it bears the dry seal of the University and original signature in ink of the University Registrar. An erasure or alteration made in this copy renders it null and void if not initialed by the University Registrar.

continued on the next page

CERTIFICATION OF THE UNIVERSITY REGISTRAR:

I hereby certify that the foregoing records of JULIUS B. LACAMPUEÑA have been verified by me, and that true copies of the official records substantiating the same are kept in the files of the University.

28 OCT 1998

LUCIA D. GONZALES

UNIVERSITY REGISTRAR

DATE _____

"The validity of this certification is for five (5) years, unless specified by the attached document."

O.R. No. 0405 DATE 26 February 2019, mmfb.r

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OFFICE OF THE UNIVERSITY REGISTRAR

NAME JULIUS B. LACAMPUENGA

REMARKS:—

I hereby certify that the foregoing records of JULIUS B. LACAMPUEÑA have been verified by me, and that true copies of the official records substantiating the same are kept in the files of the University Cebu

28 OCT 1998

DATE _____

LUCIA D. GONZALES
UNIVERSITY REGISTRAR

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O.R. No. 0405

DATE , 26 February 2019, mmfb.r

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