 **GUIDANCE AND TESTING CENTER**

Diversion Road Brgy. Gulang-gulang

Lucena City, Philippines

**REQUEST SLIP**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PLEASE WRITE LEGIBLY**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Last Name) (First Name) (M.I.)**

**Gender: Male Female College/Program: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***For IBED:* Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_ Strand (SHS): \_\_\_\_\_\_\_\_\_\_\_\_\_**

**STATUS:**

**Graduate: Undergraduate:**

**Year Started: \_\_\_\_\_\_\_\_\_\_\_ \_\_ Year Started: \_\_\_\_\_\_\_\_\_\_\_**

**Year Graduated: \_\_\_\_\_\_\_\_\_ Last Academic Year Attended: \_\_\_\_\_\_\_\_\_\_\_\_**

**No. of semester attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PURPOSE:**

**Board Exam Scholarship School Transfer**

**Employment Others: Pls. Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature over printed name of the student Signature over printed name of authorized person**

**Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**------------------------------------------FOR GUIDANCE USE ONLY----------------------------------- TYPE OF REQUEST**

**Certificate of Good Moral Character No. of Copies:\_\_\_\_\_\_\_\_\_\_**

**Recommendation Letter No. of Copies:\_\_\_\_\_\_\_\_\_\_**

**Authenticated Certificate of Good Moral Character No. of Copies: \_\_\_\_\_\_\_\_\_\_**

**O.R. Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assessed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Processed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Released by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**------------------------------------------------ CLAIM STUB ----------------------------------------------**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Last Name) (First Name) (M.I.)**

**Date Filed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Release: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(All requested documents will be released after (3) working days. The certificate of good moral character of enrolled students is one month valid from the date issued.)*

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**STATUS:**

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**Year Graduated: \_\_\_\_\_\_\_\_\_ Last Academic Year Attended: \_\_\_\_\_\_\_\_\_\_\_\_**

**No. of semester attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PURPOSE:**

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**Employment Others: Pls. Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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*(All requested documents will be released after (3) working days. The certificate of good moral character of enrolled students is one month valid from the date issued.)*

**GUIDELINES**

A. Must fill out the complete Name, Gender, College/Program enrolled, Grade Level and Strand (For IBED), Academic Status and Purpose of the requested document.

B. Proceed to the Accounting Office for payment and forward the duplicate copy of the request slip at the Guidance and Testing Center.

C. Please be reminded that all requested documents will be released after (3) three working days and unclaimed documents will be disposed after (1) one month.

D. The certificate of Good Moral Character of enrolled students is only valid for (6) six months from the date issued.

E. In the absence of the requesting student, only authorized representative/ person can claim the requested documents. Also, bring the photo copy of the student Identification card, authorization letter signed by the student and a valid Identification card of the authorized person.

F. Bring your claim stub upon releasing of the requested documents.

**FOR PERSON IN AUTHORITY**

A. Must assess and verify the record of the client for good moral character and prepare the certificate within (3) three working days from the receipt of the request form

B. The requested good moral character of the students under the College of Criminology who will take the board examination will be signed by the guidance coordinator and the dean of the said department in compliance with policy of PRC.

*I hereby attest that the data on the first page is accurate and that I have read and comprehended the rules.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Signature of the student Signature of the authorized person***

* **GUIDANCE AND TESTING CENTER**

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***Signature of the student*** ***Signature of the authorized person***

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