



**DE LA SALLE UNIVERSITY- DASMARIÑAS**  
High School Department  
**Registrar's Office**

**DOCUMENTS REQUEST FORM**

Name: \_\_\_\_\_ Grade/Section: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
 Date Requested: \_\_\_\_\_ Date of Release: \_\_\_\_\_  
 Purpose: \_\_\_\_\_

REQUESTED DOCUMENTS: (please check box)	NO. OF COPIES	TOTAL
<input type="checkbox"/> Second Copy of Diploma (30 days processing period/days)		
<input type="checkbox"/> Permanent Record (10 working days)		
<input type="checkbox"/> Report Card (5 working days)		
<input type="checkbox"/> Certification (5 working days)		
<input type="checkbox"/> Graduation		
<input type="checkbox"/> Enrollment		
<input type="checkbox"/> Good Moral		
<input type="checkbox"/> Others: (Please specify)		
TOTAL		

**Note:**

1. An authorization letter and a valid ID are needed if claimed by a representative.
2. Request are usually ready within the release date except during peak season when an allowance of another five (5) working days is necessary.
3. Documents unclaimed six (6) months after the indicated release date will be forfeited.

Approved by:

MARIA DOLORES ELISA B. MUHI, MAE  
Registrar



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