



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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