



CEBU NORMAL UNIVERSITY

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Office of the University Registrar
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Email: registrar@cnu.edu.ph Website: www.cnu.edu.ph

REQUEST FOR SCHOLASTIC RECORDS

NOTE:

A WRITTEN AUTHORIZATION FROM THE OWNER MUST BE PRESENTED IF REQUEST IS TRANSACTED BY A REPRESENTATIVE TOGETHER WITH VALID IDs OF GRANTOR OR OWNER AND THE AUTHORIZED REPRESENTATIVE.

Please filled-up information below legibly. To be accomplished by the Registrar Personnel only. PAYMENTS FOR THE REQUESTED Date Filed: Name: _ **DOCUMENT/S:** Maiden Name if Married: ___ Cert. of Transfer Credential Contact No.___ Transcript of Records Present Address: Certification Diploma Course: **COP** If graduated, please specify year: Authentication/CTC **Documentary Stamp** Please check the box for the request/s & purpose. Others: **REQUEST FOR: TOTAL:** ☐ Transcript of Records ☐ Certificate of Transfer Eligibility/Honorable Dismissal O.P.# ☐ Diploma: Pls. specify the degree: __ O.R. No. ☐ Certificate of Proficiency (COP) Date: ☐ Certification ☐ Graduation ☐ Subjects taken Assessed by: ___ \Box CAR $\Box CAV$ (Receiving Window) □ Course Description □ Letter of No Objection Cleared by: □Certified True Copy (CTC) of Scholastic Records: Accountant/Authorized Representative Pls. specify _ □Others, pls. specify_____ Library **PURPOSE:** ☐ Transfer ☐ Board Examination Claiming Section Only □ Local Employment□ Employment Abroad□ Study Abroad ☐ Promotion ☐ Promotion ☐ R ☐ Others, pls. specify: _____ ☐ Ranking Signature Over Printed Name of Student

Follow this very important instructions.

- 1. Fill-up this form and submit for assessment to the assisting Registrar Personnel.
- 2. Present the assessed form to the Cashier for Order of Payment, Clearance and Payment.
- 3. Pay the amount assessed.
- 4. Proceed to the Library for Clearance.
- 5. Submit this form with the Official Receipt of payment back to the Registrar's Office for stamping of the claiming date by the processor.
- 6. Claim the document(s) on the date indicated at the back of the Official Receipt.

SDF-URO-105-011-01









Signature Over Printed Name of Representative