



Payment for : _____
Amount to be Paid : _____
O.R. No : _____

REQUEST FOR CREDENTIALS/DOCUMENTS

PLEASE PRINT

DATE RECEIVED		DATE DUE	
PERSONAL INFORMATION		ACADEMIC INFORMATION	
LAST NAME		STUDENT NUMBER	
FIRST NAME		COURSE/DEGREE	
MIDDLE NAME		GRADUATION	
ADDRESS		<input type="checkbox"/> Yes, I graduated on _____ Date	<input type="checkbox"/> No, I last attended Baliuag U on Term _____ SY _____ - _____
BIRTHDATE		CONTACT INFORMATION	
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female	TEL. NO.	()
STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Separated	MOBILE NO.	()
CITIZENSHIP	<input type="checkbox"/> Filipino <input type="checkbox"/> _____		
SIGNATURE			

DOCUMENT TYPE	
Transcript of Records <input type="checkbox"/> For Employment Purposes <input type="checkbox"/> For Verification Purposes <input type="checkbox"/> For Board Examination Purposes <input type="checkbox"/> Transfer Credential <input type="checkbox"/> Others _____	Certification <input type="checkbox"/> Enrollment <input type="checkbox"/> Report of Grades <input type="checkbox"/> Units Earned <input type="checkbox"/> Candidacy / Completion of Academic Requirements <input type="checkbox"/> Graduation / With Honors <input type="checkbox"/> Weighted Average <input type="checkbox"/> English as a Medium of Instruction <input type="checkbox"/> Others _____
Certification, Authentication & Verification (CAV) <input type="checkbox"/> Transcript of Record <input type="checkbox"/> Diploma <input type="checkbox"/> Related Learning Experience (RLE for BSN only) <input type="checkbox"/> Others _____	

CLEARANCE		
OFFICE	REMARKS	SIGNATURE
LIBRARY		
DEAN/HEAD		
ACCOUNTING		
REGISTRAR		

CLEARANCE		
OFFICE	REMARKS	SIGNATURE
CITS (Computer Lab)		
CSLS (Science Lab)		
STUDENT AFFAIRS		
GUIDANCE OFFICE		
PRINTING		

NOTE

Any "X" grade incurred which has not been completed before the issuance of Transfer Credential/OTR can no longer be completed.

IMPORTANT

REQUESTED DOCUMENTS NOT CLAIMED AFTER SIXTY (60) CALENDAR DAYS WILL BE DESTROYED.

CLAIM SLIP

Name: _____

Request for:

Transcript of Records Transfer Credential Certification CAV

DATE DUE: _____

CLAIMING TIME: 9:00 a.m. - 12:00 p.m. / 1:00 p.m. - 4:00 p.m. only

IMPORTANT:

✓ Per your claim slip date, come and **bring a valid I.D.** If you cannot personally come, your representative can bring your & his/her valid ID and your letter of authorization duly notarized.

✓ Requested documents not claimed **after sixty (60) calendar days** will be destroyed.