



REQUEST FORM FOR DOCUMENTS

- Notes: 1. Diploma, TOR, Honorable Dismissal /Transfer Credential will be released only upon submission of duly approved university clearance of students
 2. Time allowance for issuance of (a) Transcript of records: 1st time – one month upon receipt by OUR of the request;
 Recopy –one week (b) Other documents – one week
 3. The OUR reserves the right to withhold or cancel any request for TOR/certification/document due to pending accountabilities/lacking requirements
 4. Supply the needed data on **student information, claiming/delivery options** and indicate **document type** & no. of copies requested
 5. Submit the accomplished form to the Office of the University Registrar through a **courier**, your **Learning Center** or **email** at records@upou.edu.ph

DATE REQUESTED		DATE RECEIVED (TO BE FILLED OUT BY THE OUR-RECORDS SECTION)	
STUDENT INFORMATION			
FAMILY NAME		FIRST NAME	MIDDLE NAME
GENDER	BIRTHDATE (MM/DD/YYYY)	DID YOU FILE A CHANGE OR CORRECTION OF NAME? <input type="checkbox"/> NO <input type="checkbox"/> YES, please state original name _____	
STUDENT NO		LEARNING CENTER	PROGRAM/MAJOR
FIRST TERM ENROLLED		LAST TERM ENROLLED	CLASSIFICATION <input type="checkbox"/> Graduated <input type="checkbox"/> Currently enrolled <input type="checkbox"/> Graduating <input type="checkbox"/> Others: _____
EMAIL ADDRESS		MOBILE NUMBER/LANDLINE	
PERMANENT HOME ADDRESS			
EDUCATIONAL BACKGROUND: (For TOR request only)			
	SCHOOL ATTENDED	DEGREE/COURSE	YEAR OF GRADUATION
COLLEGE			
POSTBACCALAUREATE DIPLOMA			
MASTERS			
DOCTORATE			

CLAIMING/ DELIVERY OPTIONS
<input type="checkbox"/> DIRECT MAILING THROUGH COURIER Please send the document/s via courier to the address below. will pay the shipping fee of PhP 150.00 or the actual charge for mailing outside the country: _____ _____ _____
<input type="checkbox"/> PICK UP <input type="checkbox"/> Office of the University Registrar, Los Baños, Laguna <input type="checkbox"/> UPOU Learning Center in _____ Special
Instructions: _____
NOTE: Contact the concerned office first as to the availability of the document. The owner must present a valid ID. If a representative will be sent by the owner to claim the document, s/he must present an authorization letter, his/her 2 valid IDs and one valid ID of the owner

DOCUMENT TYPE	NO. OF COPIES	AMOUNT*
<input type="checkbox"/> Transcript of Records <input type="checkbox"/> First time <input type="checkbox"/> Recopy		
<input type="checkbox"/> True Copy of Grades		
<input type="checkbox"/> Certificate of Units Earned		
<input type="checkbox"/> Certificate of Enrollment		
<input type="checkbox"/> English Translation of Diploma		
<input type="checkbox"/> English as Medium of Instruction		
<input type="checkbox"/> CAV Certification		
<input type="checkbox"/> Expected Date of Graduation		
<input type="checkbox"/> Certification of Completion/ Graduation		
<input type="checkbox"/> Good Moral Character		
<input type="checkbox"/> Honorable Dismissal		
<input type="checkbox"/> Transfer Credential		
<input type="checkbox"/> UP exempted from issuing SO No.		
<input type="checkbox"/> Course Description		
<input type="checkbox"/> Permit to Transfer		
<input type="checkbox"/> Letter of No Objection		
<input type="checkbox"/> Request to release TOR from		
<input type="checkbox"/> Previous School		
<input type="checkbox"/> Certified True Copy of _____		
<input type="checkbox"/> Diploma		
TOTAL		PhP

TO BE FILLED OUT BY OUR	
Amount Paid	OR No./ Proof of Payment
Processed by	Date of Issuance