



Republic of the Philippines
University of Southeastern Philippines
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Form No.	FM-USep-RSC-01
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Approved by	President

STUDENT RECORDS REQUEST SLIP

Student's Name: _____
(Last Name) (First Name) (Middle/Maiden Name)

Course & Year: _____

Contact No.: _____

Home address (to be reflected in the TOR) _____

RECORDS REQUESTED (Pls. check)

- Transcript of Records (Pls. indicate the purpose) _____
- Honorable Dismissal with Transcript of Records
- Certification of:
 - Subjects enrolled Grades (all subjects enrolled)
 - Graduation Units earned
 - Bonafide student
 - Grades (pls. indicate the Semester and SY) _____
 - Others (pls specify) _____
- CAV (Certification, Authentication and Verification)
- Diploma (pls indicate year graduated)
- Others (pls. specify)

STUDENT'S STATUS: (Pls. check)

- Currently enrolled Not enrolled (pls. specify last Sem. & SY) _____

REQUIREMENTS (to be checked by OUR Staff):

- Clearance Documentary stamps Official Receipt of payment
- School ID 2 pcs of 2x2 ID photo Mailing stamps
- Authenticated NSO Birth Certificate Affidavit of Loss