



Global
Reciprocal
Colleges

454 GRC Bldg, Rizal Ave. Ext. Corner 9th Avenue, Caloocan City
Telefax No.: 361-6330

REQUEST FOR SCHOOL CREDENTIAL/S

Student Name:		Student No.:	Course:	Date Due:
<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	<input type="checkbox"/> Returnee	Permanent Address:		Contact No.:
Requested Document/s: <input type="checkbox"/> Certificate of Attendance <input type="checkbox"/> Certificate of Graduation <input type="checkbox"/> Transcript of Records <input type="checkbox"/> Copy of Grades/Scholastic Records <input type="checkbox"/> Certificate of Good Moral Character <input type="checkbox"/> Transfer Credentials/Honorable Dismissal <input type="checkbox"/> Others: (Pls. Specify) _____				
Reason For Request: <input type="checkbox"/> Transfer to Other School _____ <input type="checkbox"/> Employment _____ <input type="checkbox"/> Others: (pls specify) _____				
Department/Office	Authorized Signature		Date	
Students Affairs				
Guidance				
General Services				
Library				
Cashier				
Registrar's Office				
Released By	Date:	Received By:	Date:	
_____	Time:	_____	Time:	
Signature Over Printed Name		Signature Over Printed Name		

NOTE: REGISTRAR'S COPY

REG-RCD-00



Touching Hearts...Renewing Minds...Transforming Lives.

OFFICE OF THE REGISTRAR CLAIMING STUB

Date: _____

DOCUMENT REQUESTED: _____ TOR _____ DIPLOMA _____ CERT _____ HD _____ CTC _____ EVAL _____ S.O. _____ CGWA

Requestor's Name: _____

Course: _____

Request Received date: _____ Claiming Date: _____

Note: A WRITTEN AUTHORIZATION and VALID IDENTIFICATION CARD is required to both the requestor and the person being authorized. No documents shall be released in the absence of CLAIMING STUB.

Request for TOR/DIP/CERT/CGWA/HD will be released only upon completion of necessary documents required.

FOR VERIFICATION PLEASE CALL : 452-29-45/361-63-30

Registrar Staff/ Evaluator