



APPLICATION FOR SCHOOL RECORDS FORM

UNIVERSITY OF SAN AGUSTIN
OFFICE OF THE REGISTRAR
ILOILO CITY

Name: _____ Contact No.: _____
(Last) (First) (Middle) Email Ad.: _____
Department: _____ Course & Year Level: _____ Academic Year Last Attended: _____

REQUEST FOR

DOCUMENTS

- Transcript of Records (T.O.R.)
- Honorable Dismissal with Transcript of Records
- Diploma ___ copy
- Study Permit
- Year Book
- Registration From (R.F.)

CERTIFICATIONS

- Course Description
- Enrollment
- Good Moral Character
- Grades
- Graduation
- Related Learning Experience
- Secondary Records
- Special Order
- Units Earned
- Others _____

Purpose of Request: _____

Requested by: _____
Signature Over Printed Name

Relationship with the student: _____

Address: _____

Contact No.: _____

Total amount paid: _____

NOTES:

1. Official documents will be processed/released to the students only upon settlement of all financial, academic, and documentary liabilities with the school and upon full payment of documents requested.
2. If the student is unable to attend to the transaction himself/herself, s/he must provide a letter of authorization to his/her representative with a photocopy his/her valid ID with picture and signature and a photocopy of his/her representative's valid ID with picture and signature.
3. Unclaimed documents beyond 180 days from due date will be DESTROYED and payments made will be FORFEITED.
4. The Office of the Registrar is not authorized to receive payments for documents. Pay only at the CASHIER.
5. Payments made to the University of San Agustin through bank deposits, overseas remittances, wire transfers, and other means must be verified and confirmed first before the document/s are to be processed and mailed out, if requested to do so.
6. For follow-up, please call/text 337-4437; 09302877520(Smart); 09951577622 (Globe).

Please present this form at the Records Section for assessment before paying the corresponding fees at the Accounts Section.

ACCOUNT'S CLEARANCE

Remarks: _____

Checked by: _____
Signature Over Printed Name

COLLEGE / DEPARTMENT EXIT CLEARANCE

(For those who will transfer/take the Board Exam)

Remarks: _____

Checked by: _____
Signature Over Printed Name

CONFIRMATION SLIP

The undersigned certifies that all documents received, which are released by the Office of the Registrar, are complete and correct.

Name: _____ Contact No.: _____
(Last) (First) (Middle) Email Ad.: _____
Department: _____ Course & Year Level: _____ Academic Year Last Attended: _____

Received

Accomplished

Released

Signature

Date _____ Date: _____ Date: _____
Time _____ Time _____ Time _____

UNCONTROLLED COPY	
CONTROL NO.	USA-OTR-F01
REVISION NO.	05
EFFECTIVITY	NOVEMBER 28, 2022
ISSUED BY	OTR
DOC TYPE	FORM
PAGES	1
SIGNED BY DC	<i>[Signature]</i>
DATE ISSUED	NOVEMBER 25, 2022

CLAIM STUB

Name of Student: _____
Requested Document/s: _____
Date Requested: _____

SUGGESTION

You may write your suggestion/s to improve the services of our University at the Records Section:

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Name (optional) _____