

Mode of Payment:

___ Cash
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OFFICE OF THE UNIVERSITY REGISTRAR

University of the Philippines Diliman

Records Management Section

rmaschief.ourdiliman@up.edu.ph

(02)8981-8500 local 4559/4563

REQUEST FORM

Date: _____

Name of Student: _____
(Last Name) (First Name) (Middle Name)

Maiden Name: _____

Student No.: _____ Contact No.: _____ Email-address: _____

Degree: _____ Date of Graduation: _____

Present Address: _____

Mailing Address: _____

If representative, (for mailing only)

Name of representative: _____

Contact no. of representative: _____

REQUEST: (Please write number of copies)___ Diploma Authentication (**P40/copy**)___ Certified Text of Diploma (**P40/copy**)___ Special Certificate (**P100/copy**),___ English as Medium of Instruction (**General P100/copy**)___ English as Medium of Instruction (**P100/copy**)
☐ Japan ☐ United Kingdom ☐ Australia (Purpose: _____)
___ Certificate UP has no S.O. (**P30/copy**)___ Weighted Average Grade for Honor Graduate only (**P50/copy**)___ Certificate of Enrollment (**P50/copy**)___ Units Earned (**P50/copy**)___ True Copy of Grades for Cross-registrants/Non-Degree only (**P50/copy**)___ Copy of F5 (**P30/copy**) SEM _____ SCHOOL YR. ________ Copy of Change Mat (**P30/copy**)___ Copy of Entrance Credential (**P30/copy**) for use of respective colleges___ Copy of F137/F138 for abroad/scholarship purposes only (**P50/copy**)___ Certificate of Transfer Credentials (CTC) (**P50**) **issued once & one copy only**

Name of School requesting CTC: _____

REMINDER: Unclaimed documents within six (6) months of their availability will be shredded in order to protect personal information.