



**OFFICE OF THE UNIVERSITY REGISTRAR**  
**REQUEST FOR RECORDS**

**Student Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OWNER	SURNAME GIVEN NAME MIDDLE NAME			
MAIDEN NAME (if married)	SURNAME GIVEN NAME MIDDLE NAME			
Name to be reflected on requested documents (for married women)	<input type="checkbox"/> Married Name (certification of change/update of personal information will be issued) <input type="checkbox"/> Maiden Name			
ADDRESS	STREET BARANGGAY MUNICIPALITY PROVINCE ZIP CODE			
CONTACT NO.	SEX	STATUS	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	
<input type="checkbox"/> GRADUATED	<input type="checkbox"/> CURRENTLY ENROLLED		<input type="checkbox"/> STOPPED	
DATE OF GRADUATION	COURSE	YEAR LAST ENROLLED		
DEGREE GRADUATED	YEAR LEVEL	COURSE	YEAR LEVEL	
	AMOUNT TO BE PAID			
REQUESTED BY / REPRESENTATIVE	OFFICIAL RECEIPT NO.			
	AMOUNT & DATE PAID			

PLEASE CHECK THE APPROPRIATE BOX FOR DOCUMENT(S) REQUESTED

<input type="checkbox"/> TRANSCRIPT OF RECORDS PURPOSE: <input type="checkbox"/> For Evaluation Purposes (Promotion, Transfer of School, Scholarship, Practicum) <input type="checkbox"/> For Local Employment Purposes <input type="checkbox"/> For Overseas Employment Purposes <input type="checkbox"/> For Board Exam Purposes <input type="checkbox"/> Copy for UP _____ <input type="checkbox"/> Others (specify): _____	<input type="checkbox"/> Certificate of Transfer Credential (Honorable Dismissal) <input type="checkbox"/> Diploma <input type="checkbox"/> Authentication: _____ copies <input type="checkbox"/> CAV <input type="checkbox"/> Certificate of Graduation <input type="checkbox"/> English Medium
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FIRST TIME TO REQUEST TOR? ☐ YES ☐ NO: (WRITE PREVIOUS TOR REQUESTED: Non-Grad, BS, MS, Ph.D)

DEPOSITED TO RECORDS: DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

FOR UNIVERSITY REGISTRAR'S RECORDS PERSONEL ONLY

LACKING REQUIREMENTS:

<input type="checkbox"/> None <input type="checkbox"/> General Clearance <input type="checkbox"/> 2x2 ID Picture (W/ Collar) <input type="checkbox"/> Original birth certificate from NSO <input type="checkbox"/> Form 137-A <input type="checkbox"/> Good Moral Certificate <input type="checkbox"/> Freshmen Orientation Certificate <input type="checkbox"/> Notice of Result (CMUCAT Result) <input type="checkbox"/> Certificate of No objection <input type="checkbox"/> Privacy Statement	<input type="checkbox"/> Certificate of Transfer Credentials (HD) <input type="checkbox"/> Official TOR (for transferee) <input type="checkbox"/> Police Clearance (for transferee) <input type="checkbox"/> Marriage contract (for married woman) <input type="checkbox"/> Notice of Admission <input type="checkbox"/> Major Department Evaluation <input type="checkbox"/> GSAT Result <input type="checkbox"/> Plan of Course Work <input type="checkbox"/> Others: _____
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Record's In charge \_\_\_\_\_ Window 1 In charge \_\_\_\_\_ Due Date: \_\_\_\_\_



**PRIVACY CONSENT**

I hereby agree and consent that Central Mindanao University may collect, use, disclose and process my personal information set out in this form and/or otherwise provided by me for the purpose of requesting school documents as stated in the Data Privacy Act 2012 and other related data privacy policies.

The information will be only accessed by authorized university staff. I understand my data will be held securely and will not be disclosed to third parties without my permission. I have the right to change or access my information. I understand that when this information is no longer required, official university procedure will be followed to dispose my data.

By signing below, I represent and warrant that I am the data subject and that I have read and agree all of the above provisions.

\_\_\_\_\_  
Signature over printed name Date

**ACKNOWLEDGE BY:**

\_\_\_\_\_  
Signature over printed name Date