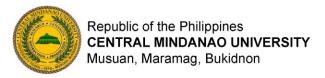


OFFICE OF THE UNIVERSITY REGISTRAR

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)	Married Name Maiden Name Maiden Name Certification of change/update of personal information will be issued)				
ADDRESS	STREET BARANGGAY MUNICIPALITY PROVINCE ZIP CODE				ZIP CODE
CONTACT NO.			SEX MALI		☐ SINGLE ☐ MARRIED
□GRADUATED		CURRENTLY EN	IROLLED	YEAR LAST ENROLLED	
DATE OF GRADUATION		COURSE		COURSE	
DEGREE GRADUATED		YEAR LEVEL		YEAR LEVEL	
			AMOUNT TO BE PAI		
REQUESTED BY / REPRESENTATIVE			OFFICIAL RECEIPT NO		
	SURNAME GIVEN NAME PRIATE BOX FOR DOCUMENT(S) REQUEST	MIDDLE NAME	AMOUNT & DATE PAI	D	
Scholarship, Practicum) For Local Employment Purposes For Overseas Employment Purposes For Board Exam Purposes Copy for UP Others (specify):			Diploma Authentication:copies CAV Certificate of Graduation English Medium		
FIRST TIME TO REQUEST TOR? NO: (WRITE PREVIOUS TOR REQUESTED: Non-Grad, BS, MS, Ph.D)					
DEPOSITED TO RECORDS: DATE:			☐ Certificate of Transfer Credentials (HD) ☐ Official TOR (for transferee) ☐ Police Clearance (for transferee) ☐ Marriage contract (for married woman) ☐ Notice of Admission ☐ Major Department Evaluation ☐ GSAT Result ☐ Plan of Course Work ☐ Others:		
Record's In charge Window 1 In charge Due Date:					



Signature over printed name

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.

Date

ACKNOWLEDGE BY:			
Signature over printed name	Date		

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