



**REQUEST FORM**

**NAME OF STUDENT:** \_\_\_\_\_  
(Pls. write the name registered during your enrollment at TSU)

**Course/Major:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_

Type of Request	No. of Copies	Pls. check if First Copy
1. Transcript of Records (TOR)	_____	Yes ___ No ___
2. Diploma (Duplicate)	_____	
3. Form 137-A	_____	
4. Certification/s:		Please fill the information needed correctly:
Authentication (CAV)	_____	Year Graduated: _____
English Medium of Instruction	_____	
English Translation Diploma	_____	
Enrollment	_____	
General Weighted Ave.	_____	<b>For unfinished curriculum:</b>
Graduation	_____	Year of First Attendance _____
Transfer Credentials	_____	Year of Last Attendance _____
Units Earned	_____	

Purpose of Request: (please check)

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Board Examination  | <input type="checkbox"/> Promotion   |
| <input type="checkbox"/> Employment (Local) | <input type="checkbox"/> Ranking     |
| <input type="checkbox"/> Employment Abroad  | <input type="checkbox"/> Records     |
| <input type="checkbox"/> Evaluation         | <input type="checkbox"/> Scholarship |



**CLAIM STUB**

**NAME:** \_\_\_\_\_  
**DATE FILED:** \_\_\_\_\_  
**DUE DATE:** \_\_\_\_\_

Please claim your Request at Window \_\_\_\_\_

**Important Reminders:**

- Pls. bring with you this stub in claiming your request
- In case of a representative, pls. attach your Authorization letter, your ID and the ID of representative.
- In case of lost stub, inform the ORA Office immediately.
- Release of request/s will only depend if the requirements are complete.
- The validity of request is 60 days from the date of filing.

\_\_\_\_\_  
SIGNATURE OF REQUESTOR

\_\_\_\_\_  
SIGNATURE OF REPRESENTATIVE