



REQUEST FOR DOCUMENTS

PLEASE PRINT

Date Filed	
PERSONAL INFORMATION	
Last Name	
First Name	
Middle Name	
Contact No.	
ID No.	
Degree/Program	
Did you graduate from MAC?	<input type="checkbox"/> Yes. Year of Graduation: _____ <input type="checkbox"/> No. Inclusive Years of Stay: _____
Address	

DOCUMENT		No of Copies
<input type="checkbox"/> Transcript of Records (TOR)* <input type="checkbox"/> Certificate of Grades	<input type="checkbox"/> For Board Exam/PRC <input type="checkbox"/> For Employment <input type="checkbox"/> For Evaluation <input type="checkbox"/> For Study Abroad <input type="checkbox"/> Others: _____	
<input type="checkbox"/> Certification	<input type="checkbox"/> Enrollment <input type="checkbox"/> General Weighted Average <input type="checkbox"/> English as Medium of Instruction <input type="checkbox"/> Course Description <input type="checkbox"/> Course Syllabus <input type="checkbox"/> Others: _____	
<input type="checkbox"/> Government Certification, Authorization and Verification (CAV)		
<input type="checkbox"/> Diploma*		
<input type="checkbox"/> Transfer Credential*		
<input type="checkbox"/> Certified True Copy	<input type="checkbox"/> Diploma <input type="checkbox"/> TOR <input type="checkbox"/> Others: _____	

*Requires accomplished clearance form.

DATE OF RELEASE: _____ Received by: _____



CLAIM STUB		
Date Filed		
Full Name		
ID No.		Year Graduated:
Document/s Requested		
DATE OF RELEASE		
Received by		

Guidelines:

- Please present this upon claiming your requested document/s.
NO CLAIM STUB, NO RELEASING OF DOCUMENT.
- In case of lost claim stub, submit a notarized affidavit of loss.
- If the requesting party cannot claim his/her document in person, an authorization letter must be submitted with photocopy of IDs of the requesting party and of the authorized representative.