



LYCEUM OF THE PHILIPPINES LAGUNA

Km. 54 National Highway Makiling, Calamba City, Laguna

OFFICE OF THE REGISTRAR

Tel No. (049) 502-0975

REQUEST FORM – ASSESSMENT / OTHER CERTIFICATE/S / CERTIFIED TRUE COPY OF DOCUMENTS (ENROLLED STUDENTS)

Name of Student _____
(Last Name) _____ (First Name) _____ (Middle Name) _____
Student Number _____
Contact No. _____

Course / Program: _____

Please check requested document/s:

Grade Slip _____ Semester _____ S.Y. _____ - _____
 Certified True Copy of Registration Form _____ Semester _____ S.Y. _____ - _____
 Certificate of Enrolment Certificate of Grades
 Checklist
 Others / Please specify: _____

Amount to be Paid:

Grade Slip	P _____
Registration Form	P _____
Certificate of Assessment	P _____
Certificate of Enrolment	P _____
Certificate of Grades	P _____
Checklist	P _____
Certified Document/s	P _____
Others	P _____

Total: P _____
OR No.: _____

Purpose:

Please specify completely: _____

This is to certify that I received the following document/s:

(Signature over printed name and date received)

*If credentials will be claimed by a person authorized by the student, he/she needs to bring the following upon claiming requested credentials:

- Letter of consent signed by the student.
- Photocopy of Valid ID of the student and authorized person with signature & picture,

*CANCELLATION is Non-refundable.

*Failure to claim the requested document/s after one month is automatically invalidated and needs to be requested again.

FM-LPU-L-REGO-23
Revision: 09
Effective: August 1, 2019



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