



RECORDS MANAGEMENT SERVICES OFFICE

STUDENT TERMINAL CLEARANCE (Graduate)

To the Registrar:

I have the honor to request that I be granted complete clearance from the University.

 Name and Signature
 OTR OR # _____

Name : _____ Student Number: _____

Course: _____

Contact Number: _____

Mailing Address: _____

I hereby authorized the Registrar to furnish the above information to requesting agencies/institutions for employment purposes.

 Name and Signature

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Please issue the transcript of records and diploma of the above student. She/He is cleared of all money, property and other responsibilities.

Position/Designation	Clearing Official	Signature/Date
Adviser		
Librarian	Mrs. Catherine Jayme	
Laboratory Technician	Mr. Arnold J. Pastores	
Director, OSSW	Dr. Editha S. Pagulayan,	
Guidance Office	Dr. Febe Marl G. Paat	
Business Office	Engr. James B. Cabildo	
Chief, Finance Division	Mrs. Vita M. Bassig	
Accountant	Mrs. Monaliza V. Guzman	
College Dean		

Approved:

 University Registrar

Note to Clearing Officials: It is the policy of the University that officials who clear a student with accountabilities will be made accountable.