



OFFICE OF THE REGISTRAR

STUDENT TERMINAL CLEARANCE

The Registrar:

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

Signature over printed name

Name: _____

Course: _____ Year Started: _____

Contact Numbers: _____

Mailing Address: _____

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

NARCITAS M. BIADO-OUANO, PhD
Campus Executive Officer

Please issue the Official Transcript of Records and Diploma of the above named student. He/She is cleared of all money, property and other responsibilities.

Position / Designation	Clearing Official	Signature / Date
Adviser		
Supply Officer		
Librarian		
Coordinator, OSSW & S		
Coordinator, IGE		
Accountant		
Cashier		
College Dean		

Approved:

PACITA URBANA C. LUCERO
Campus Registrar

