



**BASIC EDUCATION DEPARTMENT**  
**DepEd School ID No. 403019**

**BED Form 7**

**Request for School Records**

Date

The Principal  
Basic Education Department

\_\_\_\_\_ (piece(s)) documentary stamp(s)

Dear Sir/Ma'am:

I hereby request for the issuance/release of the following: (Please Check)

<input type="checkbox"/> Diploma	<input type="checkbox"/> Grade Slip	<input type="checkbox"/> Summary of Grades
<input type="checkbox"/> SF 9/F138 (Report Card)	<input type="checkbox"/> Certification	<input type="checkbox"/> Others (Specify) _____

**FOR THE PURPOSE OF: (Please Check)**

<input type="checkbox"/> Work Immersion	<input type="checkbox"/> Employment	<input type="checkbox"/> Others (Specify) _____
<input type="checkbox"/> Examination	<input type="checkbox"/> Transfer/Enrolment to other school (name of school) _____	Strand: _____

NAME OF STUDENT/GRADUATE: \_\_\_\_\_ Grade: \_\_\_\_\_ Section: \_\_\_\_\_, \_\_\_\_\_ Semester, S.Y. \_\_\_\_\_

Name of person requesting the records: \_\_\_\_\_  
(Printed Name) \_\_\_\_\_ (Signature) \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to the student: \_\_\_\_\_

ACCTS. CLEARED: 1. Principal's Office: \_\_\_\_\_ 4. Registrar's Office: \_\_\_\_\_  
2. Library: \_\_\_\_\_ 6. Guidance Office: \_\_\_\_\_  
3. Accounting Office: \_\_\_\_\_ O.R. # \_\_\_\_\_ Date: \_\_\_\_\_

CLEARED/ALL ACCOUNTS PAID: Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Request received by: \_\_\_\_\_

(Print name and sign)

(Date)

\*\*\*\*\* C U T H E R E \*\*\*\*\*

**REQUESTOR'S COPY**

NAME OF STUDENT/GRADUATE: \_\_\_\_\_ Strand: \_\_\_\_\_  
Grade: \_\_\_\_\_ Section: \_\_\_\_\_, \_\_\_\_\_ Semester, S.Y. \_\_\_\_\_

Please Claim Your Requested Papers on: \_\_\_\_\_ at \_\_\_\_\_ AM \_\_\_\_\_ PM

**INSTRUCTIONS: (Please read)**

1. Requested documents will be released only when they are claimed personally or by duly authorized representative.
2. Authorized representative must bring 2 valid ID's with signature.

(Please accomplish AUTHORIZATION portion.)

**AUTHORIZATION**

Date

I authorize \_\_\_\_\_, to get my  
Transcript of Records/Transfer Credential/ Diploma/  
Special Order and/or other papers as specified.

Signature of Representative \_\_\_\_\_ Signature of Student \_\_\_\_\_

Received/Claimed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print name and sign)

Issued/ Released by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print name and sign)

"To maintain the highest standards of Quality, Health, Safety, Environmental Protection and Pollution Prevention in our consistent drive to satisfy and strive to exceed stakeholders' expectations"