



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) _____ | |

NAME OF STUDENT/GRADUATE: _____ Strand: _____
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>I authorize _____, to get my Transcript of Records/Transfer Credential/ Diploma/ Special Order and/or other papers as specified.</i>
_____ 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"