



MIRIAM COLLEGE
Office of the Registrar

REQUEST FOR TRANSCRIPT OF RECORDS, DIPLOMA, OR CERTIFICATION

Data Privacy Clause: By completing this form, I hereby agree that Miriam College may collect, use, disclose, and process my personal data for the purpose of processing this request for the release of transcript of records, diploma, or certificate. Requests for inspection, amendment, or restriction of records must be in writing and addressed to the Office of the Registrar and must specify the reason(s) for the request. MC reserves the right to respond appropriately according to law.

Date Requested: _____ Release Date: _____

Level : Undergraduate Graduate
College : CAS CBEA CEd

Name: _____ Student Number: _____
Last Name First Name Middle Name
(if married, write maiden name)

Degree Program: _____ Year Level / Year Graduated: _____

Contact Number: _____

If a representative is filing this request, provide the following details:

Signature over Printed Name of Representative

Relationship to the Student

Contact Number

Purpose of the Request: Employment CHED Authentication (CAV)
 Transfer / Evaluation Visa / Immigration
 Graduate Studies Others: _____

Requested Document(s):

Document	Fee		No. of Copies	Amount
	UG	GP		
<input type="checkbox"/> Transcript of Records (5 working days processing period) <input type="checkbox"/> Regular <input type="checkbox"/> For Licensure Examinations	546	546		
<input type="checkbox"/> Second Copy of Diploma (15 working days processing period) <i>(requires original, signed, and notarized Affidavit of Loss or Damage)</i>	655	730		
<input type="checkbox"/> CHED Authentication (CAV) (7 working days processing period) <input type="checkbox"/> For local use only <input type="checkbox"/> For Department of Foreign Affairs <i>(requires original copy of Transcript of Records and Diploma for graduates, or Certificate of Enrollment for undergraduates)</i>	328	329		
<input type="checkbox"/> Certification (3 working days processing period)	91	151		
<input type="checkbox"/> Graduation	91	151		
<input type="checkbox"/> English as a Medium of Instruction	91	151		
<input type="checkbox"/> Enrollment	91	151		
<input type="checkbox"/> Candidate for Graduation	91	151		
<input type="checkbox"/> Conversion of Grades	91	151		
<input type="checkbox"/> Copy of Grades for _____ Semester, SY _____	91	151		
<input type="checkbox"/> Academic Units Completed	91	151		
<input type="checkbox"/> Others: _____	91	151		
<input type="checkbox"/> Certified True Copy <i>(photocopy provided for by the requesting party)</i>	91	151		
<input type="checkbox"/> Transcript of Records	91	151		
<input type="checkbox"/> Diploma	91	151		
<input type="checkbox"/> Course Description	91	151		
<input type="checkbox"/> Form 137 (High School Records)	91	151		
<input type="checkbox"/> Others: _____	91	151		
TOTAL AMOUNT DUE				



MIRIAM COLLEGE
Office of the Registrar

Step 1: The student secures clearance from the following offices:

<input type="checkbox"/> Office of the Registrar	<input type="checkbox"/> Library Media Center
_____ Signature over Printed Name	_____ Signature over Printed Name
<input type="checkbox"/> Office for Student Affairs (for undergraduate students only)	<input type="checkbox"/> Student Accounts
_____ Signature over Printed Name	_____ Signature over Printed Name

Important Note: For requests for Transcript of Records for licensure examinations, please have your picture taken at the Office of the Registrar.

Picture taken by: _____
Signature over Printed Name Date

Step 2: Settle payment at the College Cashier.

Amount Paid: _____ O.R. No.: _____ Date Paid: _____

Step 3: Submit this accomplished form to the Office of the Registrar for processing.

Received by: _____
Signature over Printed Name Date