



MIRIAM COLLEGE
Higher Education Unit
Guidance and Counseling Office

REQUEST FOR MENTAL FITNESS DOCUMENTS

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 requesting mental fitness documents. Requests for inspection, amendment or restriction of records must be in writing and addressed to the Guidance and Counseling Office and must specify the reasons for the request. MC reserves the right to respond appropriately according to law.

Date of Request: _____

Type of Request (select one): ☐ Clearance (for internal use)
☐ Certificate (for external use)

Step 1: Fill out the necessary details below.

STUDENT INFORMATION

Name of Student: _____
(Last Name) (First Name) (Middle Initial)

Year Level and Program: _____

Mobile Number: _____ Email Address: _____

Purpose of Request: _____

ADDRESSEE'S INFORMATION (to whom the clearance/certificate will be addressed)

Name of Addressee: _____
(Last Name) (First Name) (Middle Initial)

For requests for clearances:

Title/Position of the Addressee: _____ Unit and Office: _____

For requests for certificates:

Title/Position of the Addressee: _____ Name of Company: _____

Company Address: _____

Step 2: Visit and consult his/her assigned Guidance Counselor and seek endorsement.

Signature over Printed Name of Guidance Counselor

Date Counseled

*Step 3: Settle the payment for the request at the College Cashier.
(Php 40.00 for clearance or Php 500.00 for certificate per addressee)*

To be accomplished by the HEU Guidance and Counseling Office:

Amount Paid: _____ Sales Invoice Number: _____ Date Paid: _____

Step 4: Submit the accomplished form together with the copy of the sales invoice to the HEU Guidance and Counseling Office. Please make sure all information provided above are complete and correct. Incomplete forms will not be processed even if the payment has been made.

To be accomplished by the HEU Guidance and Counseling Office:

Certificate released by:		Certificate received by:	
_____ Signature over Printed Name	_____ Date Released	_____ Signature over Printed Name	_____ Date Received

Please give the HEU Guidance and Counseling Office at least 3 working days to process your request. For inquiries and follow-up, you may contact the HEU Guidance and Counseling Office at mcheuguidance@mc.edu.ph.