



Adventist University of the Philippines
Puting Kahoy, Silang 4118 Cavite Philippines

RECORDS AND ADMISSIONS OFFICE

REQUEST FOR OFFICIAL RECORD/S FORM

PERSONAL INFORMATION

Last Name _____ First Name _____
 Middle Name _____ Maiden Name _____
 Nationality _____ Age _____ Sex _____ Civil Status _____
 Permanent Home/Mailing Address _____
 Office Address (if applicable) _____

CONTACT DETAILS

Residence/Mobile Number _____ Office Number _____
 Email Address _____ Fax Number _____

EDUCATIONAL DETAILS

Other College/University Attended _____ From AY _____ To AY _____
 College/University Address _____
 Program/Degree _____ Major _____
 Date of Graduation at AUP _____

REQUEST DETAILS

_____ Transcript of Records (TOR) _____ CAV/Red Ribbon
 _____ Degree Certificate/Diploma/Certificate _____ Others, if any
 _____ Certification (Please Specify) _____

Purpose of Request _____

Records must be sent directly to _____
 Complete Location Address _____
 Mail _____ Courier _____

Authorized Representative (if any) _____
 (A letter of authorization is necessary, if you cannot claim your documents personally.)

Mode of Payment (please specify) _____ Amount _____ Reference Number _____
 Sender's Name and Address _____ Receiver's Name _____

I hereby certify that all information stated above is correct and true to the best of my knowledge.

Signature over Printed Name _____
Date

Note: Please fill up this form and send back to us through email attachment. Lead time is ten (10) working days upon receipt of request and payment of fees. Bank details will be sent upon request. Processing and releasing of requested record/s maybe delayed during registration periods. Should there be any more inquiries, please feel free to send us an email at registrar@aup.edu.ph. Thank you very much.