



P.O. Box 1834, 0901 Manila Philippines
Location Address: Puting Kahoy, Silang 4118 Cavite
Telephone Nos.: (049) 541-1211 to 1225
Fax No.: (049) 541-1229
E-mail: admissions@aup.edu.ph, registrar@aup.edu.ph

RECORDS AND ADMISSIONS OFFICE

REQUEST FOR OFFICIAL DOCUMENT(S)

PERSONAL INFORMATION	
Last Name	
First Name	
Middle Name	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Birthday (mm/dd/yyyy)	
Birthplace	
Full Name when you were at AUP	
Permanent Home/Mailing Address	
Mobile No.	
Office Address (if applicable)	
Email Address	
Office Number	
Fax Number	
ACADEMIC INFORMATION	
Program/Degree	
Graduated	
<input type="checkbox"/> Yes, Date of Graduation (mm/dd/yyyy)	
<input type="checkbox"/> Date of Last Enrollment (SEM/SY)	
REQUEST DETAILS	
<i>(Please indicate no. of copies for each request)</i>	
___ Transcript of Records	___ Certifications
<input type="checkbox"/> Board Examination	<input type="checkbox"/> Graduation
<input type="checkbox"/> Employment	<input type="checkbox"/> Enrollment
<input type="checkbox"/> Evaluation	<input type="checkbox"/> Equivalency
<input type="checkbox"/> Scholarship	<input type="checkbox"/> Course Description
___ Degree Certificate	<input type="checkbox"/> NSTP Serial No.
___ Diploma/Certificate	<input type="checkbox"/> Units Earned
___ CAV/Red Ribbon	<input type="checkbox"/> English subjects
___ Certification of Grades	
___ Certified True Copy	taken
<input type="checkbox"/> Transcript of Records	<input type="checkbox"/> Others
<input type="checkbox"/> DC/Diploma/Cert.	
___ Certificate of Eligibility to Transfer (CET)	
___ Others	

Records/Documents must be sent directly to:	
<input type="checkbox"/> Personal <input type="checkbox"/> Company <input type="checkbox"/> School	
Complete Mailing Address	
Sender's Name	
Address	
CONDITIONS AND REMINDERS	
<ul style="list-style-type: none"> • Please fill up this form and send this 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 may be delayed during enrollment periods. • Should there be any more inquiries, please feel free to send us an email at registrar@aup.edu.ph. • The requested documents will be delivered through LBC/DHL courier only. • Requested document(s) may be released to the following: Parents/Siblings/Spouse/Children with formal consent signed by the student, photocopy of valid ID of the student and his/her representative. For other than immediate family, a notarized Special Power of Attorney (SPA) from the student and two (2) valid IDs with signature are required. • Unclaimed requested documents will be shredded after 60 days. 	
CONFORME	
I hereby certify that all the information stated above is correct and true to the best of my knowledge.	
Signature over Printed Name	
Date	