

PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM

Campus: _____

STUDENT RECORD REQUEST FORM

Date: _____

REQUEST FOR SCHOOL CREDENTIALS AND CLEARANCE

<i>Please check the needed document/s:</i>	<i>Requirement/s:</i>	<i>Fee</i>
<input type="checkbox"/> Transcript of Records/Form 137	-Clearance	P150*
<input type="checkbox"/> Form 138	-	P 50*
<input type="checkbox"/> Diploma	-Clearance	P100*
<input type="checkbox"/> Authentication of School Records	-	P 20/ page*
<input type="checkbox"/> Others (please specify): _____		

Purpose : _____

Requested by: _____ Batch: _____
(Printed Name of Scholar & Signature)

Contact Number : _____ Sex Female
 Male

E-Mail Address: _____

(to be filled out by PSHS Admin)

Noted by: _____ Approved by: _____

SSD Chief Date signed: _____ Campus Director Date signed: _____

Disapprove Reason: _____

CLAIM SLIP

Name of Requestor: _____ Claimed by: _____

Date of Release: _____ Date: _____

* as per PSHS System Board of Trustees (BOT) Resolution Number No. 2019-12-114