



2PCS.
2X2 PICTURE IN
FORMAL ATTIRE
W/ WHITE
BACKGROUND
(for TOR and DFA
Request only)

OUSR_FORM No. 1, Rvsd. Jun2017

GENERAL CLEARANCE

PLEASE PRINT ALL ENTRIES LEGIBLY

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
Age:	Sex:	Civil Status: () Single, () Married, () Others (pls. Specify) :			
Degree/Program:			School Year admitted in OUS:		
Student Number:			Last School Year attended in OUS:		
Permanent Address:					
Email Address:			Telephone/Cellphone No.:		
Elementary School:			Year Graduated:		
High School:			Year Graduated:		
College:			Year Graduated:		
Date of Comprehensive Examination (for advance degree programs):					
Purpose of Request:					
Please Check your Request:		() TRANSCRIPT OF RECORDS () CERTIFICATE OF GRADES () CERTIFICATE OF GRADUATION () DIPLOMA () HONORABLE DISMISSAL () OTHERS: _____			

THE ABOVE-NAMED STUDENT IS CLEARED OF ALL MONEY AND PROPERTY RESPONSIBILITIES IN MY OFFICE.
 (To be signed by the duly authorized representative of the respective offices.)

NOTE: for request of TRANSCRIPT OF RECORDS, CERTIFICATION AND HONORABLE DISMISSAL, Nos. 1 to 4 only for clearance. For graduating students, Nos. 1 to 8 to be cleared.

- | | |
|---|--|
| 1. ✓ LIBRARY : _____
(3 rd Floor NALLRC Bldg.) | 5. ✓ CHIEF, Research, Extension and Accreditation : _____
(4 th Floor NALLRC Bldg.) |
| 2. ✓ ACCTG. OFFICE : _____
(Ground floor Main Bldg.) | 6. ✓ PROGRAM CHAIR : _____
(4 th Floor NALLRC Bldg.) |
| 3. ✓ INTERNAL AUDIT : _____
(3 rd Floor South Wing Main Bldg.) | 7. ✓ INSTITUTE DIRECTOR : _____
(4 th Floor NALLRC Bldg.) |
| 4. ✓ LEGAL OFFICE : _____
(3 rd Floor South Wing Main Bldg.) | 8. ✓ OUS EXECUTIVE DIRECTOR : _____
(4 th Floor NALLRC Bldg.) |

Signature: _____ Counter Clerk: _____

DUE DATE _____ Date Received: _____

THIS CLEARANCE IS VALID ONLY FOR SIX (6) MONTHS. Date: _____
(CLAIM STUB)

Name: _____
 (Surname) (First Name) (Middle Name)

Please claim your request for _____ on _____
 (Requested Credentials) **DUE DATE** (if records are complete)

REQUIREMENTS/ DOCUMENTS SUBMITTED

1. _____ Transcript of Record (TOR) from the last school attended/Form 137-A with Remarks **"COPY FOR PUP OPEN UNIVERSITY SYSTEM"**
3. _____ PSA Birth Certificate Original
4. _____ PSA Marriage Contract Original (*for female married students*)
5. _____ Documentary Stamp
6. _____ Proof of Payment

NOTE:

1. PLEASE FOLLOW-UP ON _____ TO LEARN ABOUT THE STATUS OF YOUR REQUEST/S.
2. BRING IDENTIFICATION CARDS WITH PICTURE AND SIGNATURE
3. **FOR THE REPRESENTATIVE WHO WILL CLAIM THE TRANSCRIPT OF RECORDS/DIPLOMA PLEASE BRING:**
Special Power of Attorney from the student and ID of the representative.
4. **FOR THE REPRESENTATIVE WHO WILL CLAIM THE CERTIFICATION PLEASE BRING:**
Authorization Letter with ID from the student and ID of the representative.

FOR FOLLOW -UP, PLEASE CALL THE OUS REGISTRAR AND ADMISSION OFFICE: TRUNK LINES: 335-1787/335-1777 LOCAL 325 AND DIRECT LINE: 335-1726