



**COLLEGE OF THE IMMACULATE CONCEPTION
CABANATUAN CITY**

A PAASCU - ACCREDITED SCHOOL

**OFFICE OF THE REGISTRAR
REQUEST FOR CERTIFICATE**

Request for: [] Form 137-A/B [] Diploma [] Certificate of Graduation
[] C.A.V. [] Others _____

Purpose: _____

Printed Name of Student: _____

First Name

Middle Name

Surname

Home Address: _____ CP # _____

Date of Graduation (if applicable) _____

Complete Attendance at CIC [] Elementary [] Junior High School [] Senior High School

Level

Section

School Year

Adviser

Date filed: _____

Signature of student/Parent/ Guardian

CLEARANCE

Accountant/ Biller

Cashier/Teller OR #

Registrar

Remarks: _____ Requested record received by: _____

Released by: _____ Date: _____ Printed Name & Signature