



**COLLEGE OF THE IMMACULATE CONCEPTION
CABANATUAN CITY**

A PAASCU - ACCREDITED SCHOOL

**OFFICE OF THE REGISTRAR
REQUEST FOR CERTIFICATE**

Please Print

Student Number: _____

Last Name: _____ First Name: _____ Middle Name: _____

Program and Major: _____ Attendance at CIC: School Years: _____

Complete Home Address: _____ Contact Number: _____

Certificate Requested: [] Diploma [] Transcript of Records
[] Certificate of Graduation [] Certificate of Grades: ____ Semester, Academic Year: ____
[] Certificate of Enrollment [] Certification, Authentication and Verification (CAV)
[] Certificate of Units Earned [] Certificate of Academic Requirements Completion
[] Certified True Copy Others, please specify: _____

Purpose: _____ Student's Signature: _____ Date of Filing: _____

CLEARANCE:

I hereby certify that _____ is cleared of all obligations from this College.
Student's Name

Accountant/Biller

Treasurer/Cashier/O.R. No./Date

Registrar

CLAIM STUB FOR THE CERTIFICATE OF _____

Name : _____
First Name Middle Name Last Name

Date Filed: _____ Request Received By: _____ Due for Release on: _____

Note: Certificate shall be issued only to the document owner or to authorized representative with authorization letter and valid identification card.