



REQUEST FOR DOCUMENTS

Date Requested		Processing <input type="checkbox"/> Regular <input type="checkbox"/> Express
Date Due		CLAIMING INSTRUCTIONS
PERSONAL INFORMATION		<input type="checkbox"/> PICK-UP. The documents will be claimed by the owner who will present one (1) valid ID upon claiming and the Official Receipt <input type="checkbox"/> PROXY. A proxy/representative will be sent to claim the documents. Upon claiming, she/he will have an authorization letter from the owner, her/his two (2) valid IDs and one (1) valid ID of the owner and the Official Receipt.
Last Name		
First Name		
Middle Name		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Birthdate		
Birthplace		CONDITIONS AND REMINDERS
Did you have a change or correction of name at TDCI	<input type="checkbox"/> No <input type="checkbox"/> Yes, my original name was _____	
ACADEMIC INFORMATION		
ID Number		
Course		
Did you graduate from TDCI?	<input type="checkbox"/> Yes, I graduated on _____ <input type="checkbox"/> No, my last enrollment was on Semester ____, AY _____ - _____	
CONTACT INFORMATION		CONFORME
Contact No.		
Email address		
Address (with Zip code)		
		I have read and understood all the conditions and reminders in connection with this request and agree to comply with them.
		_____ Signature over printed name
		_____ Date

PLEASE DO NOT FILL IN PRICE COLUMN - TO BE ASSESSED BY THE REGISTRAR STAFF

DOCUMENT TYPE		QUANTITY	PRICE
Transcript of Records	For Board Exam/PRC Purposes		
	For Employment Purposes <input type="checkbox"/> Local <input type="checkbox"/> Abroad		
	For Evaluation Purposes		
	For Granted Transcript of Records		
Certification	Academic Completion/ Grades		
	Candidacy for Graduation		
	Graduation / With honors		
	Honorable Dismissal		
	General Weighted Average/ Units earned		
Certified True Copy	Diploma		
	Transcript of Records		
	Special Order (S.O)		
	Form 137 (SHS Transcript)		
	Form 138 (SHS Report Card)		
Others	INC Form		
	Certification, Authentication, Verification (CAV)		
	Good Moral		
	Others:		
SPECIAL INSTRUCTIONS		Subtotal	
		TOTAL	
OR Number		Assessed by	_____ Registrar Staff



TAGUM DOCTORS COLLEGE, INC.
OFFICE OF THE REGISTRAR

Form No. REG-004
REGISTRAR'S COPY

Prepared by:

KEVIN R. CABALLERO

Records In-charge

Noted by:

GRACE R. DELA TORRE

Registrar

Recommending Approval

ETEL ELLA MAE H. CAJILIG, MSLIS

OIC- AVP / STUDENT SERVICES