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LYCEUM OF THE PHILIPPINES UNIVERSITY
MANILA • MAKATI • BATANGAS • LAGUNA • CAVITE

FM-LPU-REGO-40

Office of the University Registrar
Tel +63 43 723 0706 loc. 157-159
Telefax +63 43 723 2038

AUTHORIZATION TO REQUEST/RECEIVE DOCUMENTS

I HEREBY AUTHORIZE the bearer, _____, whose signature appears below to request and/or receive on my behalf the documents issued by the Office of the University Registrar of LPU-Batangas.

I FURTHER WAIVE the privacy of my academic records and hold LPU-Batangas free from any liabilities or damages in connection with the release of documents.

Representative: (valid ID must be presented)

Requesting party:

Signature over printed name

Signature over printed name

Date

Date



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