

CLEARANCE FORM

Student Number: _____ Course _____ Last Term of Attendance _____
Name _____ Contact Number _____
Permanent Address _____

Please check credential/s being requested from the Registrar's Office.

_____ Transcript of Records	Certification:	_____ Medium of Instruction	_____ Weighted Average
_____ Transfer Credential	_____ SO Number / Completion	_____ SO Number / Completion	_____ Units Earned/Grades
_____ Diploma	_____ Enrolment	_____ Enrolment	_____ Course Description
	_____ Honor Graduate	_____ Honor Graduate	

Reason for the request _____

Signature _____

Dean (respective College Dept. Office)
Counseling and Testing Center (Main-SHL Bldg, Rm 102 / LIMA-4th Floor)
SHL Learning Resource Center (Main-SHL Bldg. 3rd Floor / LIMA- 4th Floor)
Alumni & Placement Office (Main-SHL Bldg., Rm. 107(for Alumni only))
Office of the Student Affairs (Main-JPL Bldg., 2nd Floor / LIMA-2nd Floor)
Accounting Office (Main-JPL Bldg., Ground Floor / LIMA-Ground Floor)
Registrar's Office (Main-JPL Bldg., Ground Floor / LIMA-Ground Floor)

Date of Filing _____ OR #: _____
Date of Issuance _____

Note: Documents not claimed after 90 days from the date of release will be disposed of.

DATA PRIVACY CONSENT

I hereby declare that by signing:

1. I attest that the information I have written is true and correct to the best of my personal knowledge;
2. I signify my consent to the collection, use, recording, storing, organizing, consolidation, updating, processing, access to transfer, disclosure or data sharing of my personal and sensitive, personal information that I provided to LPU-B including its sister schools/ universities, industry partners, affiliates, external providers, local and foreign authorities regardless of their location and/or registration for the purposes for which it was collected and such other lawful purposes I consent to or as required or permitted by law.
3. I understand that upon my written request and subject to designated office hours of the LPU-B, I will be provided with the reasonable access to my personal information provided to LPU-B to verify the accuracy and completeness of my information and request for its amendment, if deemed appropriate, and;
4. I am fully aware that the consent or permission I am giving in favor of LPU-B shall be effective immediately upon signing of this form and shall continue unless I revoke the same in writing. Sixty working days upon receipt of the written revocation, LPU-B shall immediately cease from performing the acts mentioned under paragraph 2 herein concerning my personal and sensitive personal information.

Signature over printed name _____

Date _____

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