OFFICE OF THE UNIVERSITY REGISTRAR
University of the Philippines Diliman
Quezon City
(TOR Trust Fund A Code No. 9774700)

CLAIM STUB NO.: _____
DUE DATE: _____

Note: To be **FILLED-OUT** only by **O.U.R. Staff**

Cleared: _____

Note: Please **PRINT** your name and address. ***Thank you.***

Encoder: _____
Date Encoded: _____

1 X 1 or 2 X 2 picture

Required only for bar/board applicants

RATES:
Transcript of Records
Php50.00/page (on security paper)
Application from abroad
US$30.00 (inclusive of mailing, via registered mail)
Certificates/CD
Php30.00/page
D.T. Php 50.00/copy
Verification and Authentication
Php100.00/set
Env. w/ UR signature
Php10.00/envelope
Mailing fees are subject to prevailing Philippine postal rates.
LBC: Php100 (fixed rate nationwide, max of .5 kg)
DHL (Abroad)
Php1,500/address

IMPORTANT: Application for Transcript of Records & Certificates of Graduation must be accompanied by a University Clearance

APPLICATION FOR: **No.of Copies** **TO PAY**

Transcript of Records (TOR)

Certificates:
- Graduation (COG)
- Course Descriptions (CD)
- Authentication & Veri (CAV)
- P.E Courses taken
- No Objection

1st time to apply for Yes ☐ No ☐
If NO, date of last application _____
☐ Updating
☐ Recopies (TORs, COGs)

Others:
- English translation of Diploma
- Authentication/Verification

(Pls. attach photocopy of diploma)

- Entrance Credentials (EC)
- High School Card/F 137

DATE _____

AMT PAID _____
O.R. NO. _____

PURPOSE OF APPLICATION [Pls. check):

Employment	[ ]	Local	[ ]	Abroad	[ ]	PRC Licensure Exam	
Scholarship	[ ]	Local	[ ]	Abroad	[ ]	UP Diliman / UP System	
Enrollment	[ ]	Local	[ ]	Abroad	[ ]	Transfer to other School	
Migration	[ ]				[ ]	COPY FOR _____	
BAR	[ ]				[ ]	Records Purposes	[ ] Others _____

NAME OF STUDENT _____
(Please Print Legibly) LAST FIRST MIDDLE MAIDEN
(Based on birth certificate; If married, encircle family name used during last enrolment in U.P.)

PERMANENT ADDRESS: _____

STUDENT NO.: ☐☐ ☐☐☐☐☐☐☐

NAME OF FATHER: _____
NAME OF MOTHER: _____
DATE & PLACE OF BIRTH _____
OF STUDENT _____

PLEASE CHECK:
☐ To be picked up personally **(unclaimed TORs/COGs within 6 months are shredded)**
☐ To be mailed to the following address (es) _____
(If more than one, attach mailing list) _____

To be placed in separate envelopes ☐ Yes ☐ No

COLLEGE(S)/UNIT(S)* ATTENDED IN U.P.	DEGREE/MAJOR	INCLUSIVE DATES	DATE OF GRADUATION

***If shiftee, please indicate college last attended.**

U.P. CAMPUS(ES) WHERE YOU CROSS REGISTERED (If any)	INCLUSIVE DATES

For students who transferred or obtained their first degree from another school, please indicate all schools attended in chronological order:

Name & Location of Institution	Inclusive Dates	Degree/Title Obtained

Signature of Student: _____ Tel. No. _____
If representative is filing the application for the student, please furnish the following information:
Name of Representative: _____ Signature: _____
Complete Address: _____ Tel. No. _____

NOTES: 1) After paying the application fee, submit your application and O.R. to the TOR Counter. You will be issued a **CLAIM STUB** [together with the O.R.], to be presented in claiming your transcript.
2) If you are a REPRESENTATIVE, present a ***letter of authorization, claim stub and your valid I.D.*** upon claiming the requested documents.

REV. *jc 04052010*