



**TARLAC STATE UNIVERSITY**  
**OFFICE OF ADMISSION AND REGISTRATION**  
 Tarlac City

Transaction No: \_\_\_\_\_  Online  
 \_\_\_\_\_  Walk-In

**REQUEST FORM**

Dated Filed: \_\_\_\_\_ Due Date: \_\_\_\_\_

**NAME OF STUDENT:** \_\_\_\_\_  
 (Pls. write the name registered during your enrollment at TSU)

**Course/Major:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_

Type of Request	No. of Copies	Pls. check if First Copy
1. Transcript of Records (TOR)	_____	Yes ___ No ___
2. Diploma (Duplicate)	_____	
3. Form 137-A	_____	
4. Certification/s:		
Authentication (CAV)	_____	
English Medium of Instruction	_____	
English Translation Diploma	_____	
Enrollment	_____	
General Weighted Ave.	_____	
Graduation	_____	
Transfer Credentials	_____	
Units Earned	_____	

Please fill the information needed correctly:  
 Year Graduated: \_\_\_\_\_  
**For unfinished curriculum:**  
 Year of First Attendance \_\_\_\_\_  
 Year of Last Attendance \_\_\_\_\_

Purpose of Request: (please check)

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Board Examination  | <input type="checkbox"/> Promotion   |
| <input type="checkbox"/> Employment (Local) | <input type="checkbox"/> Ranking     |
| <input type="checkbox"/> Employment Abroad  | <input type="checkbox"/> Records     |
| <input type="checkbox"/> Evaluation         | <input type="checkbox"/> Scholarship |



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Transaction No: \_\_\_\_\_

**CLAIM STUB**

**NAME:** \_\_\_\_\_  
**DATE FILED:** \_\_\_\_\_  
**DUE DATE:** \_\_\_\_\_

Please claim your Request at Window \_\_\_\_\_

**Important Reminders:**

1. Pls. bring with you this stub in claiming your request
2. In case of a representative, pls. attach your Authorization letter, your ID and the ID of representative.
3. In case of lost stub, inform the ORA Office immediately.
4. Release of request/s will only depend if the requirements are complete.
5. The validity of request is 60 days from the date of filing.

\_\_\_\_\_  
 SIGNATURE OF REQUESTOR

\_\_\_\_\_  
 SIGNATURE OF REPRESENTATIVE

**Remarks:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Claimed on due date: \_\_\_\_\_  
 Claimed beyond due date: \_\_\_\_\_