

REGISTRAR'S OFFICE  
HOLY ANGEL UNIVERSITY  
Angeles City

***APPLICATION FOR TRANSCRIPT OF RECORD***

Student No. \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Family Name) (First Name) (Middle Name)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Course: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Undergraduate: \_\_\_\_\_

Purpose: \_\_\_\_\_

***CLEARANCE***

\_\_\_\_\_ College Library \_\_\_\_\_ Finance Office

(Window 6)

Date of Issuance: \_\_\_\_\_ Number of Sheets: \_\_\_\_\_

**PRODECURE:**

1. Fill out application form.
2. Get Clearance from the indicated Offices.
3. Pay Transcript fee at the Finance Office.  
Pay Alumni Fee (Graduates Only)
4. Submit duly accomplished application form at the window A, Registrar's Office together with a 2 X 2 photo and documentary stamp (available at the BIR Office)

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For Office Use Only: \_\_\_\_\_ Claim Slip No: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_

Remarks: \_\_\_\_\_ Received by: \_\_\_\_\_

**NOTE: PLEASE DO NOT LOSE THIS SLIP.**