



**VALENZUELA CITY SCHOOL OF MATHEMATICS AND SCIENCE**  
A. Pablo St., Malinta, Valenzuela City

**REQUEST FORM FOR ACADEMIC RECORDS AND OTHER DOCUMENTS**

**ACADEMIC INFORMATION OF LEARNER**

<b>NAME OF LEARNER</b>	
<b>LEARNER REFERENCE NUMBER (LRN)</b>	
<b>LAST SCHOOL YEAR (S.Y.) ATTENDED</b>	
<b>GRADE LEVEL &amp; SECTION (LAST S.Y. ATTENDED)</b>	

**ACADEMIC RECORDS / DOCUMENTS TO BE REQUESTED**

Please check the appropriate box:

- DIPLOMA (2<sup>ND</sup> COPY)  
 LEARNER'S PROGRESS REPORT CARD (SCHOOL FORM 9/ SF9/ FORM 138) (2<sup>ND</sup> COPY)  
 PERMANENT RECORD OF LEARNER (SCHOOL FORM 10/ SF10/ FORM 137)

PLEASE SPECIFY THE PURPOSE: \_\_\_\_\_

- CERTIFICATION  
 ENROLLMENT                       RANKING                       GOOD MORAL  
 OTHER DOCUMENTS

PLEASE SPECIFY: \_\_\_\_\_

**INFORMATION OF REQUESTOR**

<b>NAME OF REQUESTOR</b>	
<b>RELATION TO THE LEARNER</b>	
<b>CONTACT NUMBER</b>	
<b>DATE OF REQUEST</b>	

*Note: Attach the supporting documents. Request without attachment will not be processed.*

I hereby certify that the above information are true and correct to the best of my knowledge.  
The information herein shall be treated as confidential in compliance with the Data Privacy Act of 2012.

\_\_\_\_\_  
**NAME AND SIGNATURE OF REQUESTOR**