

	REQUEST FOR CERTIFICATION, AUTHENTICATION AND VERIFICATION (CAV)	Document No. : FM-RO-33-05
		Effective Date: October 9, 2023

BILLING NO. : _____

Date : _____

Dr. JULIETA M. PARAS, CESE

Director IV, CHED-National Capital Region

Quezon City University Compound, Philippine Metalcasting Association, Inc. Bldg.

673 Quirino Hwy, Brgy. San Bartolome, Novaliches, Quezon City, Metro Manila 1116

Dear Madam,

I, _____ would like to request your good office for the authentication of my academic records in _____, issued by the Mapúa University. In this connection, I am submitting the following records through the Office of the Registrar:

1. Official Transcript of Records
2. Diploma
3. Certified copy of Special Order
4. Certification of Enrolment/Attendance (for undergraduate student only)

Thank you.

Respectfully yours,

Signature over printed name

Nationality : _____

Contact No.: _____

1st Indorsement
Mapúa University

Date

Respectfully forwarded to the Director IV, Commission on Higher Education-National Capital Region, the request of Mr./Ms. _____ for the authentication of his/her records, recommending approval, **with the certification that the documents* forwarded herewith are true and authentic copies of the documents issued and/or kept by this University.**

ARIZIEL RUTH D. MARQUEZ

University Registrar

Note: The following documents are attached.

- Official Transcript of Records
- Diploma
- Certified copy of Special Order
- Certification of Enrolment/Attendance (for undergraduate student only)