



Colegio de San Juan de Letran Calamba
 City of Calamba, Laguna
REGISTRAR'S DEPARTMENT
 Collegiate Records Unit

33:00-02-FO-11

AUTHORIZATION FORM

THIS IS TO AUTHORIZE the bearer, _____, who is my _____ and whose signature appears below to request for and/or received documents (_____) issued by the Registrar's Department of the Colegio de San Juan de Letran Calamba.

THIS IS TO WAIVE the privacy of academic records and hold Colegio de San Juan de Letran Calamba, its Registrar and school officials, free from any liabilities or damages in connection with the release of documents requested by companies and other entities for employment and verification purposes.

Requesting Party:

Authorized Representative:

 Signature over Printed Name
 Date _____
 Valid ID presented _____

 Signature over Printed Name
 Date _____
 Valid ID presented _____



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