



Office of the University Registrar

Form No. C-05-202303

AUTHORIZATION TO RELEASE RECORDS

THIS IS TO AUTHORIZE DE LA SALLE UNIVERSITY-MANILA to release my academic records and/or verify the authenticity of my school documents in connection with my application for employment.

THIS IS TO FURTHER AUTHORIZE the company _____ and its contracted agency or representative _____ to obtain academic records and/or verify the authenticity of my school documents from DE LA SALLE UNIVERSITY, Manila.

FINALLY, THIS IS TO WAIVE the privacy of academic records and hold De La Salle University, its Registrar and school officials, free from any liabilities or damages in connection with the release of academic records and/or verification of the authenticity of my school documents.

Signature over printed name

Date



Office of the University Registrar

Form No. C-05-201304

AUTHORIZATION TO RELEASE RECORDS

THIS IS TO AUTHORIZE DE LA SALLE UNIVERSITY-MANILA to release my academic records and/or verify the authenticity of my school documents in connection with my application for employment.

THIS IS TO FURTHER AUTHORIZE the company _____ and its contracted agency or representative _____ to obtain academic records and/or verify the authenticity of my school documents from DE LA SALLE UNIVERSITY, Manila.

FINALLY, THIS IS TO WAIVE the privacy of academic records and hold De La Salle University, its Registrar and school officials, free from any liabilities or damages in connection with the release of academic records and/or verification of the authenticity of my school documents.

Signature over printed name

Date