



Office of the  
University Registrar

UR-04-202509

[CAV Request Letter]

\_\_\_\_\_  
DATE (dd-mmm-yyyy)

**ATTY. MARCO CICERO F. DOMINGO**

*Officer-in-Charge, Office of the Director IV*

Commission on Higher Education - National Capital Region

Quezon City University Compound,

Philippine Metal Casting Assoc. Inc. Building,

673 Quirino Highway, San Bartolome, Novaliches,

1116 Quezon City, Metro Manila

Dear Atty. Domingo:

I, \_\_\_\_\_  
PRINT NAME (FIRST, MIDDLE, LAST)

would like to request your good office for the authentication of my academic records in

\_\_\_\_\_ issued by De La Salle University.  
PRINT DEGREE / PROGRAM / COURSE

In this connection, I am submitting the following records through the Office of the University Registrar:

- Official Transcript of Records
- Diploma
- Certification of Enrollment (for undergraduate student only)
- Certification of Clinical Experience (if applicable)
- Certified copy of Special Order

Thank you.

Respectfully yours,

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME