



**CENTRAL LUZON DOCTORS' HOSPITAL EDUCATIONAL INSTITUTION
ADMINISTRATION OFFICE**

Romulo Highway, San Pablo, Tarlac City
(045) 982-5109 / 982-5019 www.cldhei.edu.ph

Registrar Form 0009-2018

REQUEST FOR DOCUMENTS

Registrar's Office: Tel. No. (045)-982-2745 or (045) 982-5052 local 249
Email: cldhei_reg@outlook.ph/Telefac (045) 982-0780

Privacy Notice: Please read carefully the attached Privacy Notice prior to filling out this form.

RECORDED NAME

Student/Graduate : _____

Date Filed : _____

Date Due : _____ Sched. By: _____

REQUESTED DOCUMENTS:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> CERTIFICATION _____ | <input type="checkbox"/> GOOD MORAL |
| <input type="checkbox"/> HONORABLE DISMISSAL | <input type="checkbox"/> DIPLOMA |
| <input type="checkbox"/> FOREIGN FORMS | <input type="checkbox"/> OR/DR CASES |
| <input type="checkbox"/> ORIG. TRANSCRIPT _____ page/s | <input type="checkbox"/> RLE _____ |
| <input type="checkbox"/> COURSE SYLLABUS/DESCRIPTION _____ | |
| <input type="checkbox"/> AUTHENTICATE FORMS _____ set/s | |

IMPORTANT: Present this slip when claiming your request.

REPRESENTATIVE: Present authorization letter and 2 valid IDs

RECORDED NAME

Student/Graduate : _____

Date Filed: _____

Sched. By: _____

Date Due: _____

Course: _____

Year Graduated: _____

Purpose: _____

Signature of Student

Contact Number

REQUESTED DOCUMENTS:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> CERTIFICATION _____ | <input type="checkbox"/> GOOD MORAL |
| <input type="checkbox"/> HONORABLE DISMISSAL | <input type="checkbox"/> DIPLOMA |
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