



Certification, Authentication & Verification (CAV) Form

CAV No. _____

REQUIREMENTS:

1. **LETTER OF CONFIRMATION** from the School Registrar (Original copy)
2. **DIPLOMA** (2 Xerox copies duly certified by the School Registrar)
3. **TRANSCRIPT OF RECORDS** (2 Xerox copies duly certified by the School Registrar)
4. **SPECIAL ORDER NO.** (1 Xerox copy duly certified by the School Registrar)
5. **AUTHORIZATION LETTER & VALID ID of representative** - in the absence of the applicant

**Note: ALL THE ABOVEMENTIONED REQUIREMENTS ARE STRICTLY "NEEDED"!
IF INCOMPLETE, APPLICATION WILL NOT BE ACCEPTED/PROCESSED!**

PROCEDURE:

1. Present to the PAD Officer all the requirements specified above.
2. Fill out this form completely and attach ALL/COMPLETE documents.
3. Pay P80.00 at the Cashier Section.
4. Claim Stub will be given upon payment.

FOR THE APPLICANT / REPRESENTATIVE

1. Name appearing in the TOR & Diploma: _____
2. Permanent Address: _____
3. Contact Number (required): _____
4. Name of School graduated & address: _____
5. Title / Course (including major): _____
6. Specific Date of Graduation: _____
7. Special Order No.: _____, series of _____, date issued: _____
8. Official Receipt No. (issued by the CHED Cashier) _____ date issued: _____
9. Purpose: (pls. check)
 - DFA Authentication (Apostille)
 - MARINA (Seaman's Book) / POEA
 - Local Employment (Ranking/Reclassification/Promotion)
 - PRC Licensure Examination
 - others, please specify: _____

****CHED complies with the Data Privacy Act of 2012 and is committed to safeguarding your privacy and ensuring that you continue to trust us with your personal information. This application form requests for your name, permanent address, contact number, institution graduated, course and date of graduation, which are all "personal information".***

CHEDRO III does not share your personal information with any third party that intends to use it for direct marketing purposes or for research, unless you have provided specific consent in relation to this.

Applicant's Signature _____

Representative's Signature Over Printed Name / Relationship
and Contact Number _____