



## **Undergraduate / Units earned Authentication FORM**

Certification No. \_\_\_\_\_

### **REQUIREMENTS:**

1. **LETTER OF CONFIRMATION** from the School Registrar (*Original copy*)
2. **CERTIFICATE OF ENROLMENT** from the School Registrar specifying the course, semesters enrolled (from & to) and the total number of units earned (*Original & 1 Xerox copy*)
3. **TRANSCRIPT OF RECORDS** (*2 Xerox copies* duly certified by the School Registrar)
4. **AUTHORIZATION LETTER** and **VALID ID** of representative - in the absence of the applicant (*1 Xerox copy*)

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 **Php80.00** 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 enrolled and address: \_\_\_\_\_
5. Title/Course (including Major): \_\_\_\_\_
6. Specific Dates of Attendance: FROM: \_\_\_\_\_ Semester/Trimester, AY \_\_\_\_\_  
UP TO: \_\_\_\_\_ Semester/Trimester, AY \_\_\_\_\_
7. Official Receipt No. (*issued by the CHED Cashier*): \_\_\_\_\_ date issued: \_\_\_\_\_
8. Purpose: (pls. check box)  
 DFA Authentication (*Apostille*)  
 MARINA (*Seaman's Book*) / POEA  
 Local Employment  
 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