



MABALACAT CITY COLLEGE

OFFICE OF THE COLLEGE REGISTRAR

APPLICATION FOR SCHOOL RECORD

STUDENT PERSONAL INFORMATION

Student ID No.: _____

Title: () Mr. () Ms.

Name: _____

(Surname) (First Name) (Middle Name) (Maiden Name)
(For married female only)

Address: _____

Date of Birth: _____ Place of Birth: _____

FB Account Name (for Reference): _____ Contact No.: _____

ACADEMIC INFORMATION

Program: _____ Year Graduated: _____

No. of Semesters Attended (for Undergraduate only): _____

School Last Attended (before MCC): _____

"By signing this form, I give consent to the collection, use, disclosure, and processing of my personal and/or sensitive information."

Signature over printed name /
Authorized Representative

REQUESTED DOCUMENT(S)

Transcript of Records

- [] 1st copy [] 4th copy
[] 2nd copy [] 5th copy
[] 3rd copy

Diploma (Duplicate Copy)

CAV

Transfer Credentials

(Includes Cert. of Eligibility to Transfer, Good Moral, and Copy of Grades)

Certifications

Please specify:

Purpose: _____

CLEARANCE

College Library

Cashier

Institutional Advancement
Coordinator (OVPGROW)
(Applicable for MCC graduates only)

Office of the Discipline
Officer

Guidance Counselor
(For Exit Interview)

Date of Released: _____
Number of Sheets: _____

O.R. No.: _____
Date Issued: _____
Amount Paid: _____