



LOYOLA SCHOOL OF THEOLOGY

A JESUIT, FILIPINO AND ASIAN ECCLESIASTICAL FACULTY OF THEOLOGY
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CLEARANCE AND REQUEST FOR ECCLESIASTICAL RECORDS

ID No.: _____ Date of Submission: _____

Student's Name: _____
Surname First Name Middle Name

Degree Program: _____ Concentration: _____ Year Graduated: _____

Mailing Address: _____

Mobile No.: _____ Landline: _____ Email: _____

Full Name of Representative (if applicable)

Signature of Student/Representative

ENDORSEMENTS: Secure signatures in sequence and submit completed form to the Cashier/Accounting Office.

1. Ralph B. Gehring Library	Signature Over Printed Name	Date
2. Cashier/Accounting Office	Signature Over Printed Name	Date
3. Religious Superior/Rector (For Religious and Seminarians only)	Signature Over Printed Name	Date
4. Vice President for Academic Affairs	Signature Over Printed Name	Date

REQUEST FOR OFFICIAL DOCUMENTS

Date Needed: _____

		No. of copies	Amount
<input type="checkbox"/> Transcript of Records	₱ 180.00/copy	_____	₱ _____
<input type="checkbox"/> For Evaluation	<input type="checkbox"/> For Employment		
<input type="checkbox"/> Others _____			
<input type="checkbox"/> Certificate of Graduation	₱ 180.00/copy	_____	₱ _____
<input type="checkbox"/> Certified True Copy of Diploma	₱ 180.00/copy	_____	₱ _____
<input type="checkbox"/> Mailing Fee (Local only)			
<input type="checkbox"/> Metro Manila	₱ 100.00/copy		₱ _____
<input type="checkbox"/> Provincial	₱ 150.00/copy		₱ _____

Addressee: _____

Contact No.: _____

Address: _____

TOTAL AMOUNT PAID ₱ _____ O.R. No. _____

Received by: _____

Date Received: _____

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