



San Sebastian College-Recoletos de Cavite

Manila-Cavite Road, Sta. Cruz, Cavite City 4100, Philippines

Office of the School Registrar

+6346 431-7011 loc. 764

Student Record Request Form

Surname _____

Firstname _____

MI _____

Course _____

Inclusive Years Enrolled

from (SY): _____

until (SY): _____

Contact Number _____

Graduate Undergraduate

Requesting for: _____

Transcript of Records

Certification

High School College

Transcript of Records

Honorable Dismissal

Others: _____

Purpose _____

Clearances _____

Library

Accounting

DSA

Release Date _____

Reminders

Please print two (2) copies of the request form

Please follow up your request two (2) days before the release date

For inquiries, you may call the Registrar's Office (046)431-7011 loc. 764

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