

Date: _____

The Registrar
University of the Philippines
Diliman, Quezon City

Sir:

In connection with my graduation, I am submitting the data below:

Very truly yours,

Signature

I. *FOR THE DIPLOMA AND COMMENCEMENT PROGRAM (PRINT LEGIBLY)*

FULL NAME: _____

Permanent Address : _____

Contact Numbers: _____

Email Address: _____

Candidate for/Graduated with the degree/title of _____

Date of Graduation: _____

II. *FOR THE OF OFFICE OF ALUMNI RELATIONS: (PRINT LEGIBLY)*

FULL NAME: _____

Permanent Address : _____

Contact Numbers: _____

Email Address: _____

Candidate for/Graduated with the degree/title of _____

Date of Graduation: _____



UNIVERSITY OF THE PHILIPPINES DILIMAN
1101 Quezon City, Philippines



OFFICE OF THE UNIVERSITY REGISTRAR

UP Trunkline: 981-85-00 loc. 4551 & 4552; DL 927-60-84 email: our@up.edu.ph

Authorization Form

Name _____
 Family, First Middle Maiden

Student Number _____

College _____

Degree _____

Date of graduation _____

Contact Numbers (optional)
 Landline _____

 Mobile phone _____

I am authorizing the Office of the University Registrar to give my contact number/numbers to institutions, agencies, or companies for verification and employment purposes only.

Signature of Student