MAPÚA UNIVERSITY	**REQUEST FOR CERTIFICATION, AUTHENTICATION AND VERIFICATION (CAV)**	Document No. : FM-RO-33-06 Effective Date: September 1, 2025

BILLING NO. : _____

Date : _____

ATTY. MARCO CICERO F. DOMINGO
OIC Director IV, CHED-National Capital Region
Quezon City University Compound, Philippine Metalcasting Association, Inc. Bldg.
673 Quirino Highway Brgy. San Bartolome, Novaliches, Quezon City Metro Manila 1116

Dear Madam,

I, _____ would like to request your good office for the authentication of my academic records in _____, issued by the Mapúa University. In this connection, I am submitting the following records through the Office of the Registrar:

1. Official Transcript of Records
2. Diploma
3. Certified copy of Special Order
4. Certification of Enrolment/Attendance (for undergraduate student only)

Thank you.

Respectfully yours,

_____
Signature over printed name
Nationality : _____
Contact No.: _____

1st Indorsement
Mapúa University

_____
Date

Respectfully forwarded to the Director IV, Commission on Higher Education-National Capital Region, the request of Mr./Ms. _____ for the authentication of his/her records, recommending approval, **with the certification that the documents* forwarded herewith are true and authentic copies of the documents issued and/or kept by this University.**

ARIZIEL RUTH D. MARQUEZ
University Registrar

Note: The following documents are attached.

- ☐ Official Transcript of Records
- ☐ Diploma
- ☐ Certified copy of Special Order
- ☐ Certification of Enrolment/Attendance (for undergraduate student only)