

REQUESTS FOR ACADEMIC RECORDS

Certification

- ☐ Good Moral Character  
☐ Copy of Grades  
☐ Certificate of Enrollment  
☐ Honorable Dismissal  
☐ Certificate of Graduation
- 100.00/each

- ☐ Diploma - **400.00**

Transcript of Records

- ☐ For Evaluation  
☐ For Employment  
☐ For Personal
- 250.00/each

OTHERS \_\_\_\_\_

Please write clearly and legibly so it can be readable and understandable

DATE REQUESTED		PROCESSING: <b>REGULAR</b>		<b>(14) Working Days</b>	
BRANCH:					
PERSONAL INFORMATION			CLAIMING / DELIVERY INSTRUCTIONS		
Last Name		<input type="checkbox"/> <b>COURIER.</b> Please send the documents via courier to the address indicated here. It is understood that the delivery period is over and above the processing period.			
First Name		<input type="checkbox"/> <b>PICK-UP.</b> The documents will be claimed by the owner who will present one (1) valid ID upon claiming and the Official Receipt.			
Middle Name		<input type="checkbox"/> <b>PROXY.</b> A proxy/representative will be sent to claim the documents. Upon claiming, he/she will have an authorization letter from the owner, his/her two (2) valid IDs and one (1) valid ID of the owner and the Official Receipt.			
Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Birthday					
Birthplace					
Did you have a change or correction of name at SIAA?		<input type="checkbox"/> No <input type="checkbox"/> Yes, my original name was: _____			
ACADEMIC INFORMATION			CONDITIONS AND REMINDERS		
Student ID Number		1. Under existing laws, <u>only the owner of the records</u> is allowed to request for documents in connection with his/her school records and claim the requested documents.			
Program / Course		2. The Academy reserves the right to withhold, deny or cancel any request for document due to pending accountabilities.			
Did you graduate from SIAA?		3. To verify the identity of the requesting/claiming party, two (2) valid Identification Cards shall be required for presentation upon request <b>AND</b> one (1) upon claiming of the documents.			
<input type="checkbox"/> Yes, I graduated on _____ Date <input type="checkbox"/> No, my last enrollment was on Term _____ AY _____ - _____		4. Requests and claiming of documents by representative/ proxy should be accompanied by an authorization letter. The proxy/representative must present his/her two (2) valid IDs and one (1) of the owner.			
CONTACT INFORMATION			CONFORME		
Tel. No.		I have read and understood all the conditions and reminders in connection with this request and agree to comply with them.			
Cell. No.		_____ Signature over printed name			
Email Address		_____ Date			
Address (with Zip code)					

**\*\* Processing time of requests for academic records commences only upon validating the proof of payment (validated Deposit Slip) for the document/s requested.**

**\*\* Submit this REG REQ1A form with the proof of payment to [registrarsapphire@gmail.com](mailto:registrarsapphire@gmail.com)**

**Paranaque Branch (Peso Account)**  
Banco De Oro- Ninoy Aquino Branch  
Checking Acct. No: 004898006963  
Account Name: Sapphire International Aviation Academy

**Tanauan Branch (Peso Account)**  
Banco De Oro- Tanauan City, Batangas  
Checking Acct. No: 006308008866  
Account Name: Sapphire International Aviation Academy

**Calapan Branch (Peso Account)**  
Asia United Bank- Calapan Mindoro Branch  
Checking Acct. No: 134-01-000016-1  
Account Name: Sapphire International Aviation Academy