



THE BEACON ACADEMY

REQUEST FOR STUDENT RECORDS

Name of Student: _____
Last First Middle

Year Level: _____ School Year: _____

Date of Request: _____ Date Needed: _____

Note: Processing time is 3 working days from the date of request.

Contact number: _____ Email address: _____

DOCUMENTS/RECORDS *(Please tick the box before the record/s you are requesting and specify the number of copies you needed)*

<i>One only</i>	REPORT CARD for SCHOOL YEAR _____ <i>(please specify)</i>
<i>Please specify no. of copies</i>	TRANSCRIPT OF RECORDS <i>(P300 fee per request. Please email your receipt/deposit slip upon claim of the request)</i>
<i>Please specify no. of copies</i>	CERTIFICATION _____ <i>(please specify, ex. Good Moral, Enrollment)</i>
<i>Please specify no. of copies</i>	OTHERS _____ <i>(please specify)</i>

PURPOSE OF THE REQUEST *(Please tick one)*

<input type="checkbox"/>	Evaluation (application for admission to college/other school)
<input type="checkbox"/>	Enrollment (college, transfer)
<input type="checkbox"/>	Visa application _____ <i>(please specify the type of visa)</i>
<input type="checkbox"/>	Others _____ <i>(please specify)</i>

PREFERRED DELIVERY *(Please tick one)*

- Pick-up
 Mail *(Please complete details below. You will receive your tracking number and details of fees through email. Please settle your fees directly to the Finance Office.)*

Name of School/College: _____

Complete Address: _____

Requested by: _____ Relationship: _____

-----For Records Officer/Accountant only-----

APPROVED BY:	Date	Remarks
Records Officer:		
Accountant:		

No. of Copies	Fees	
Transcript of Records:	X P 300	
Others :		
Courier Service (tracking number)		
Date of pick-up:	Date of Delivery:	TOTAL AMOUNT:

-----Acknowledgment Receipt-----

Received by: _____ Signature: _____
Date of Release: _____ OR No. _____ Amount Due: _____

Note: Records and documents are released only to the student, parents or person with proper authorization to claim requests upon presentation of an authorization letter and valid ID. For inquiries and other requests, please email admissions@beaconacademy.ph or call 425-1326.