



**LAGUNA UNIVERSITY**

**Registrar's Office**

Laguna Sports Complex, Brgy. Bubukal, Santa Cruz, Laguna  
Tel. No. (049) 576-4359

**ACADEMIC CREDENTIALS DISCLOSURE FORM**

**THIS IS TO AUTHORIZE** the bearer, \_\_\_\_\_,  
who is my \_\_\_\_\_ and whose signature appears below to request for  
and/or received documents ( \_\_\_\_\_ ] issued by the  
Office of the Registrar of Laguna University.

**THIS IS TO WAIVE** the privacy of academic records and hold Laguna University, its  
Registrar and school officials, free from any liabilities or damages in connection  
with the release of documents requested by companies and other entities for  
employment and verification purposes.

**Requesting Party:**

**Authorized Representative:**

\_\_\_\_\_  
Signature over printed name/Date

\_\_\_\_\_  
Signature over printed name

Valid ID presented \_\_\_\_\_

2 Valid IDs presented \_\_\_\_\_



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