



Republic of the Philippines
Department of Education

REGION IV- A CALABARZON
CITY SCHOOLS DIVISION OF THE CITY OF TAYABAS

RECORDS REQUISITION SLIP

Tracking No.: _____

Type of Request	<input type="checkbox"/> Copy of Document/s <input type="checkbox"/> Certified True Copy (CTC) <input type="checkbox"/> Non-CTC <input type="checkbox"/> Access <input type="checkbox"/> Borrow	Date Requested	
		Date Needed	
Unit / Office/Office		Contact Number	
		Email Address	
Document / Record Title			
Purpose			
Checklist of Requirements <i>(To be filled-out by the processor)</i>	<input type="checkbox"/> Valid ID (Original and 1 Photocopy) of the Requesting Personnel and/or Authorized Person ID Presented: _____ <input type="checkbox"/> Authorization Letter from the Owner		
Requested by:	Received by:	Approved / Disapproved by:	Released by:
_____ <i>(Signature Over Printed Name)</i> Designation:	_____ <i>(Signature Over Printed Name)</i> Date and Time:	_____ <i>(Signature Over Printed Name)</i> Date and Time:	_____ <i>(Signature Over Printed Name)</i> Date and Time:



Address: Brgy. Potol, Tayabas City
Telephone No.: (042) 785-9615
Email Address: tayabas.city@deped.gov.ph
Website: <https://www.sdotayabascity.ph>

Doc. Ref. Code	SDO-OSDS-F002	Rev	00
Effectivity	01.08.24	Page	1 of 1



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