



University of San Carlos
Cebu City

OFFICE OF THE REGISTRAR

SWORN STATEMENT
(Authorized Person)

I, _____ of legal age, single/ married, residing at _____ telephone # _____ and presently connected with _____ hereby depose and say that I have an authorization hereto attached to follow-up/ request/ apply/ obtain the _____ of Mr./ Mrs./ Miss _____ a student/ alumnus in the University of San Carlos, Cebu City in view of the fact that the student/ alumnus is _____.

I am willing to make the necessary payment and comply the clearance requirement in his/her behalf and take all the responsibilities appertaining thereto.

Name of Authorized Person:

Name of Student/ Alumni

(Name in Print)

Degree _____
Year Graduated

Signature

Relation to Owner

Date of Release of Documents

Approved by:

University Registrar/ Asst. Registrar

Affix Doc. Stamp Here

Instruction: The document(s) should be released in a closed envelope, stamped CONFIDENTIAL and signed by the Head of Records.

