

PRC



DEPARTMENT OF EDUCATION
Region X- Northern Mindanao



DIVISION OFFICE OF MALAYBALAY CITY

Sayre Highway, Purok 6, Casisang Malaybalay City
E-mail add: dpdmlyblycity@yahoo.com, website: depedmalaybalay.net

Date: _____

DIR. JULIE L. SABALZA

Officer-in-Charge
Professional Regulation Commission
Cagayan de Oro Regional Office
Antonio Luna St. Cagayan de Oro City

Dear Ms. SABALZA:

May we request verification of the Licensure Examination for Teacher of the person named hereunder:

| NAME (1) | | DATE/PLACE OF BIRTH (2) | ELIGIBILITY (3) | DATE/PLACE OF EXAM/ISSUANCE (4) | RATING (5) | VERIFIER'S REMARKS (6) |
|-------------|--|-------------------------------|--------------------|---------------------------------------|---------------|------------------------------|
| | | | | | | Identity Ok : [] |
| | | | | | | PSP |
| | | | | | | Disposed : [] |
| Per | | DOB | | DATE | | No PSP : [] |
| ML | | POB | | PLACE | | No ML : [] |

Documents Attached:

- [] Personal Data Sheet
- [] Certificate of Eligibility/Rating (photocopy)
- [] PRC ID (photocopy)

Very truly yours,

EDILBERTO L. OPLENARIA, CESO VI
Schools Division Superintendent

Additional Verifier's Remarks
