

PRC



DEPARTMENT OF EDUCATION  
Region X- Northern Mindanao



DIVISION OF MALAYBALAY CITY

Sayre Highway, Purok 6, Casisang Malaybalay City  
E-mail add: [dpdmlyblycity@yahoo.com](mailto:dpdmlyblycity@yahoo.com), website: [depedmalaybalay.net](http://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**

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