

CAV FORM 1 – REQUEST FORM – SCHOOL (RF)

Republic of the Philippines
Department of Education
Region _____
Division _____

Control No.: _____
Date of Application: _____
Date of Release: _____

School Name : _____
School ID: _____

REQUEST FORM FOR ACADEMIC SCHOOL RECORDS

NAME OF LEARNER : _____

DATE & PLACE OF BIRTH : _____

SCHOOL YEAR LAST ATTENDED / GRADUATED : _____

PRESENT ADDRESS : _____

CONTACT NO. : _____

PURPOSE: (Please check any of the following):

- | | | |
|--|---|--|
| <input type="checkbox"/> EMPLOYMENT ABROAD | <input type="checkbox"/> FIANCE VISA | <input type="checkbox"/> STUDENT VISA |
| <input type="checkbox"/> SEAMAN'S BOOK/SRC | <input type="checkbox"/> TOURIST VISA | <input type="checkbox"/> DESCENDANT'S VISA |
| <input type="checkbox"/> MIGRATION ABROAD | <input type="checkbox"/> REIMBURSEMENT OF EDUCATIONAL ALLOWANCE/ TUITION FEES OF CHILDREN OF OFWs | |
| <input type="checkbox"/> SUCH OTHER PURPOSE AS MAYBE REQUIRED BY THE DFA | | |

Signature Over Printed Name
(Applicant / Representative)



CAV FORM 2 - SCHOOL REFERRAL TO DIVISION OFFICE

Republic of the Philippines
Department of Education
Region _____
Division _____
School Name _____

1st Indorsement

Date

Respectfully forwarded to the Schools Division Superintendent, Division of _____, requesting for assistance in securing a certified true copy of *School Form 18 (now School Form 5)* for reconstruction of Form 137 in relation to the herein attached request of Name of Learner, who claims to be a graduate of / student in Name of School during the School Year _____. The said record, despite diligent search, is not available in this Office.

For the preferential appropriate action of the Schools Division Superintendent.

Signature Over Printed Name
(School Head/Principal)

Attached: as stated.

CAV FORM 3 - INDORSEMENT FOR CORRECTION OF ENTRIES IN THE ACADEMIC SCHOOL RECORDS

Republic of the Philippines
Department of Education
Region _____
Division _____
School Name _____

1st Indorsement
Date

Respectfully forwarded to the Regional Director, DepEd Regional Office _____,
(address) _____ (Attention: Attorney IV, Legal Unit) requesting for
assistance in the Correction of Entries in the Academic School Records of Name of
Learner, a graduate of / student in Name of School during the School Year _____.

For ready reference and perusal, attached are the following documents / records:

1. Certificate of Live Birth (issued by Philippine Statistics Authority);
2. Affidavit of Discrepancy;
3. Affidavit of two (2) Disinterested Persons;
4. Form-137; and
5. Diploma

For the preferential appropriate action of the Regional Director.

Signature Over Printed Name
(School Head/Principal)

Attached: as stated.



CAV FORM 4 – CERTIFICATION OF ENROLMENT / COMPLETION / GRADUATION

Republic of the Philippines
Department of Education
Region _____
Division _____
School Name _____

CERTIFICATION OF ENROLMENT / COMPLETION / GRADUATION

TO WHOM IT MAY CONCERN:

This is to certify that, based on available records in this school, the following information pertaining to Name of Learner with Learner Reference Number _____ appear:

- () enrolled in Grade ____ during the School Year _____
- () completed Grade ____ during the School Year _____
- () satisfactorily graduated from Elementary / Secondary Course for the School Year _____ as prescribed by the Department of Education*.

This certification is issued on _____ upon the request of Name of Learner in connection with his / her application for Certification, Authentication and Verification.

Signature Over Printed Name
(School Head/Principal)

****If graduated from secondary course in private school, indicate Special Order Number and date.***

CAV FORM 5 – SCHOOL TRANSMITTAL TO THE REGIONAL OFFICE

Republic of the Philippines
Department of Education
Region _____
Division _____
School Name _____

1st Indorsement
Date

Respectfully forwarded to the Regional Director, DepEd Regional Office _____,
(address), the herein request of Name of Learner for
Certification, Authentication and Verification (CAV) of his / her Academic School
Records.

For ready reference and perusal, attached are the following
documents/records marked (√) below properly enclosed in sealed envelope:

- () Certification of Completion/Graduation
- () Certification of English as Medium of Instruction
- () Form -137
- () Diploma

For the preferential appropriate action of the Regional Director.

Signature Over Printed Name
(School Head/Principal)

Attached: as stated.

CAV FORM 6 - LIST OF APPROVED CAV REQUEST

Republic of the Philippines
Department of Education
Region _____
Division _____
School Name _____

CONTROL NO.	NAME	DATE OF APPLICATION	DATE OF TRANSMITTAL

xxxx nothing follows xxxx

Prepared by:

Signature Over Printed Name
(School Records Custodian/Registrar)

Submitted by:

Signature Over Printed Name
(School Head/Principal)

**CAV FORM 7 – CERTIFICATION OF NON-AVAILABILITY OF ACADEMIC
SCHOOL RECORDS IN THE DIVISION OFFICE**

Republic of the Philippines
Department of Education
Region _____
Division _____


CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that after due verification, there is no available records on file in this Office of the requested Academic School Records (ASR) of Name of Learner.

Issued this _____ day of _____, 20__ for whatever legal purpose it may serve.

Signature Over Printed Name
(Division Certifying Officer)

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**CAV FORM 8 - RETURN INDORSEMENT OF SCHOOLS DIVISION OFFICE
TO THE SCHOOL**

Republic of the Philippines
Department of Education
Region _____
Division _____

**2nd Indorsement
Date**

Respectfully returned to Name of School Principal, Name of School, address of school, the attached *School Form 18 (now School Form 5)* in connection with the request for Academic School Records (ASR) of Name of Learner, a graduate of / student in that school.

For the preferential appropriate action of the School Principal.

Signature Over Printed Name
(Division Certifying Officer)

Attached: as stated.



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CAV FORM 9 – CERTIFICATION OF DISCREPANCY / IES

Republic of the Philippines
Department of Education
Region _____
Division _____

CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that, based on the duly verified *School Form 18 (now School Form 5)* on file in this Office, copy attached, the discrepancy / ies marked (√) below has / have been noted in the Academic School Records (ASR) of Name of Learner, that school:

- () Name: _____
- () Date of Birth: _____
- () Place of Birth: _____
- () School Year of Attendance: _____

Issued this _____ day of _____, 20__ for whatever legal purpose it may serve.

Signature Over Printed Name
(Division Certifying Officer)

Attached: as stated.



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CAV FORM 10 – REQUEST FORM (RF) FOR ALS A&E AND PEPT RATINGS

Republic of the Philippines
Department of Education
Region _____
Division _____

Control No. : _____
Date of Application: _____
Date of Release: _____

REQUEST FORM FOR RESULTS OF RATING ON:

- () Alternative Learning Systems Accreditation & Equivalency Test**
- () Philippine Educational Placement Test**

NAME OF LEARNER: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

PRESENT ADDRESS: _____

CONTACT NO.: _____

DATE OF EXAMINATION: _____

PLACE OF EXAMINATION: _____

PURPOSE: (Please check any of the following):

- EMPLOYMENT ABROAD FIANCE VISA STUDENT VISA
- SEAMAN'S BOOK/SRC TOURIST VISA DESCENDANT'S VISA
- MIGRATION ABROAD REIMBURSEMENT OF EDUCATIONAL ALLOWANCE/ TUITION FEES OF CHILDREN OF OFWs
- SUCH OTHER PURPOSE AS MAYBE REQUIRED BY THE DFA

Signature Over Printed Name
(Applicant / Representative)



**CAV FORM 11 – CERTIFICATION OF NON-AVAILABILITY OF RATING
(A&E / PEPT)**

Republic of the Philippines
Department of Education
Region _____
Division _____

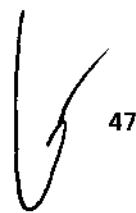
CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that after due verification, there is no available records on file in this Office of the requested Results of Rating on () Alternative Learning Systems Accreditation and Equivalency Test () Philippine Educational Placement Test of Name of Learner.

Issued this _____ day of _____, 20__ for whatever legal purpose it may serve.

Signature Over Printed Name
(Division Records Officer)



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CAV FORM 12 – CERTIFICATION OF RATING (A&E / PEPT)

Republic of the Philippines
Department of Education
Region _____
Division _____

CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that, after due verification, the following information marked (√) below pertaining to Name of Learner, appear in the records of this Office:

() he / she passed the Alternative Learning Systems Accreditation and Equivalency (ALS A & E) Test for Elementary / Secondary Level administered on _____: and he / she has the competencies comparable to that of a Elementary / Secondary graduate in the formal school system and as such, is eligible to enter secondary / tertiary education.

() he / she took the Year Philippine Educational Placement Test (PEPT) given at _____ with Examinee Number _____ which indicate that he / she has met the basic academic requirements of Year Level in the Elementary / Secondary Level: and he / she, therefore, is eligible for admission to Year Level subject to the satisfaction of other school admission requirements.

Issued this _____ day of _____, 20__ for whatever legal purpose it may serve.

Signature Over Printed Name
(Schools Division Superintendent)

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[Handwritten Signature] 48

CAV FORM 13 - DIVISION OFFICE TRANSMITTAL TO THE REGIONAL OFFICE

Republic of the Philippines
Department of Education
Region _____
Division _____

1st Indorsement
Date

Respectfully forwarded to the Regional Director, DepEd Regional Office _____,
(address), the herein request of Name of Learner for
Certification, Authentication and Verification (CAV) of Academic School Records.

For ready reference and perusal, attached are the following
documents/records marked (√) below properly enclosed in sealed envelope:

() Certification of Results of Rating
 () ALS A&E
 () PEPT

() Diploma

() Form 137

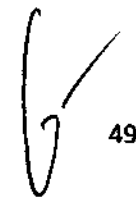
() Others: _____

For the preferential appropriate action of the Regional Director.

Signature Over Printed Name
(Schools Division Superintendent)

Attached: as stated.

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CAV FORM 14 - LIST OF APPROVED CAV REQUEST

Republic of the Philippines
Department of Education
Region _____
Division _____
School Name _____

CONTROL NO.	NAME	DATE OF APPLICATION	DATE OF TRANSMITTAL

xxx nothing follows xxx

Submitted by:

Signature Over Printed Name
(Schools Division Superintendent)

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CAV FORM 15 - CAV APPLICATION FORM

Republic of the Philippines
 Department of Education
 Region _____

Control No.: _____
 Date of Application: _____

CAV APPLICATION FORM

NAME OF LEARNER: _____
 DATE OF BIRTH: _____
 PLACE OF BIRTH: _____
 PRESENT ADDRESS: _____
 CONTACT NO.: _____
 NAME OF SCHOOL: _____
 ADDRESS OF SCHOOL: _____

PURPOSE: (Please check any of the following):

- EMPLOYMENT ABROAD FIANCE VISA STUDENT VISA
 SEAMAN'S BOOK / SRC TOURIST VISA DESCENDANT'S VISA
 MIGRATION ABROAD REIMBURSEMENT OF EDUCATIONAL ALLOWANCE/ TUITION FEES OF CHILDREN OF OFWs
 SUCH OTHER PURPOSE AS MAYBE REQUIRED BY THE DFA

Signature Over Printed Name
 (Applicant / Representative)

(TO BE FILLED-UP BY THE REGIONAL OFFICE)

Requirements	Graduates		Undergraduates	
	Public	Private	Public	Private
1. Student Permanent Record (Form 137)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Diploma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Certificate of Completion / Graduation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Special Order		<input type="checkbox"/>		
5. Certificate of Accreditation (for PAASCU Accredited Schools)		<input type="checkbox"/>		
6. Transmittal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ALS A& E / PEPT	<input type="checkbox"/>			
a. Certification from BEA	<input type="checkbox"/>		<input type="checkbox"/>	
b. Rating	<input type="checkbox"/>		<input type="checkbox"/>	
c. Certification from Division Office	<input type="checkbox"/>		<input type="checkbox"/>	
8. Passport Size Picture (2 pcs.)*	<input type="checkbox"/>		<input type="checkbox"/>	
9. Documentary Stamp	<input type="checkbox"/>		<input type="checkbox"/>	

* If the applicant is not the learner himself / herself

CAV FORM 16 - CAV FORM

Republic of the Philippines
 Department of Education
 Region _____

ATTACH PASSPORT
 SIZE ID PICTURE

CERTIFICATION, AUTHENTICATION AND VERIFICATION

DATE: _____
 CAV No.: _____
 Series of 20 _____

TO WHOM IT MAY CONCERN:

This is to certify that, based on duly verified available records on file, the following information pertaining to Name of Learner appear, to wit:

he / she completed the academic requirements of the Department of Education for graduation from the course _____ in the School Year _____ in Name of School, as evidenced by herein attached marked (✓) below:

- Student Permanent Record (Form 137)
- Diploma
- Certification of Special Order

he / she completed the academic requirements of the Department of Education for Grade ____ / Year Level ____ of the Elementary / Secondary course _____ in the School Year _____ in Name of School, as evidenced by herein attached Student Permanent Record (Form 137).

he / she passed the Alternative Learning Systems Accreditation and Equivalency (ALS A & E) Test for Elementary / Secondary Level administered on _____; and he / she has the competencies comparable to that of a Elementary / Secondary graduate in the formal school system and as such, is eligible to enter secondary / tertiary education as evidenced by herein attached Certification of Rating and Diploma.

he / she took the Year Philippine Educational Placement Test (PEPT) given at _____ with Examinee Number _____ which indicate that he / she has met the basic academic requirements of Year Level in the Elementary / Secondary Level; and he / she, therefore, is eligible for admission to Year Level subject to the satisfaction of other school admission requirements as evidenced by herein attached Certificate of Rating.

This Office further certifies the veracity and authenticity of the attached records herewith; and issued in connection with the application of Name of Applicant for _____ purposes.

Signature Over Printed Name
 (Regional Director)

Not valid without official seal,
 with erasure or alteration

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