



Date: _____

CLEARANCE SLIP

Name of Student _____ Program/Yr. &Sec. _____

Student No. _____ Last Attendance at PTC _____

Request for: Certifications TOR Honorable Dismissal
 COG CTC CAV
 Others, please specify _____

Purpose: Scholarship Employment
 Others, please specify _____

 Student's signature

SIGNATORIES	POSITION	SIGNATURE	REMARKS
MS. MELISSA L. PATCO	College Registrar		
MS. MA. KRIZZA LUZ	CESSCA Office		
MS. ROWENA B. DEL ROSARIO	Assessment Office		
MS. EDITA C. CARDINO	Cashier		



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