

CAV FORM 5 - SCHOOL TRANSMITTAL TO THE REGIONAL OFFICE

REPUBLIC OF THE PHILIPPINES

Department of Education

Region _____

Division _____

School Name _____

1st Endorsement

(Date)

Respectfully forwarded to the Regional Director, DepEd Regional Office _____,
_____ the herein request of _____ for Certification,
(Address) (Name of Learner)

Authentication and Verification (CAV) of his/her Academic School Records.

For the 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