

**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

Prepared by:

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME  
(School Records Custodian/Registrar)

Submitted by:

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME  
(School Head/Principal)