

Student Services

Clearance Form

This form shall be completed and submitted to the Office of the Registrar
when a student intends to withdraw completely or graduate from FCHS

To be completed by the Student :

Name		Semester/Academic year	
ID		Program	
Contact No		Campus	

Reason of completing clearance form:

- Graduation
 Other

PARENT/GARDIAN SIGNATURE

STUDENT SIGNATURE

To be completed by the with the College Departments:

This is to certify that Ms _____ has cleared all her dues and records with the following Departments:

Sng.	Name of Department	Name of the Official	Remarks	Date	Signature
1	Locker Key(SS)				
2	Student ID card (SS)				
3	Librarian				
4	IT Technician				
5	Finance				
6	Volunteering Hours (SS)				
7	Student Services Manager/Supervisor				

OFFICE USE:

REMARKS : _____

Date of Process: _____

Staff : _____

Name

Signature

Date