



Republic of the Philippines
Department of Education
NATIONAL CAPITAL REGION

NCR-CORRECTION OF ENTRIES IN THE SCHOLASTIC RECORDS PROCESSING FORM

Instructions:

1. Please fill-out and make sure all requirements (please see below 1-7 reqs.) are complete. We only process applications with complete **ORIGINAL or CERTIFIED COPIES** requirements.
2. Only the parent/s, authorized representative, or owner of records may transact.
3. This transaction shall take (3) three working days to complete, subject to availability of signatories.
4. By filling up this form, you attest that you have read and agree with the Privacy Notice of this Office.
5. Present filled-up form together **WITH 1 SET OF REQUIREMENTS** to the Legal Staff on Duty.
6. The set of requirements shall be returned with the Resolution to Applicant after completion of processing.

Processor's Name: _____ Tel/Mobile No: _____
 Name of School: _____ Email Address: _____

Details in the Form 137/Diploma that needed to be corrected:

Entry /ies (i.e. 1 st name, birthdate, etc..)	Details Appearing in the F137/Diploma	Details Appearing in the Birth Certificate
1.		
2.		
3.		

I attest to all the truthfulness of the above information and gives my consent for this process.

Name and Signature of Processor

TO BE FILLED BY LEGAL STAFF:
Requirements and Evaluation
to be checked and filled by Legal Unit Staff:

- 1) Certification or Indorsement from the School Head
- 2) School Forms eg. Form 137(Original Copy)
- 3) PSA Certificate of Live Birth (Original Copy)
- 4) Notarized Affidavit of Discrepancy(Original Copy)
- 5) Notarized affidavit of Two Disinterested Person(Original Copy)
- 6) Special Order of Graduation (only required for clients who graduated in a Private School) (Original Copy)
- 7) Proof of identity of requesting party (Valid ID: with photo and signature) If representative, proof of identity with authorization letter from requesting party

Date Received:

Reso No. _____

Recommending Approval: (All Requirements are in order)

Approved for processing:

Administrative Assistant I

Head, Regional Legal Unit

Approved by RD/ARD/RLU:

By:

Date Released to Records:

DATE CLAIMED AND RELEASED BY RECORDS UNIT:

Date Released:

Date Claimed with Signature:

BY FILLING OUT THIS FORM, YOU ARE AGREEING TO THE FOLLOWING:

The personal data obtained in this form will only be accessed by authorized personnel of the Department of Education. Furthermore, the personal information supplied shall be kept confidential and shall be used solely for the purpose of processing the Correction of Scholastic Records.

NOTE:

*The Records Unit shall organize and keep on file this Processing Form together with the Resolution for future verification.



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