*ANNEX B*

*CAV FORM 2-REQUEST FORM-SCHOOL (RF)*

***Republic of the Philippines***

***Department of Education***

***Region X***

***Division of El Salvador City***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(School name)*

***1st Indorsement***

*Date:\_\_\_\_\_\_\_\_*

*Respectfully forwarded to the Schools Division Superintendent, Division of El Salvador City, requesting for assistance in securing a certified true copy of School Form 18 (now School form 5) for reconstruction of Form 137 in relation to the herein attached request of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_who claims to be a graduate of / student in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_during the School Year\_\_\_\_\_\_\_\_\_. The said record, despite diligent search, is not available in this Office.*

 *For the preferential appropriate action of the Schools Division Superintendent*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *Signature Over Printed Name*

 *(School Head/Principal)*

*Attached: as stated.*