*ANNEX E*

*CAV FORM 5-SCHOOL TRANSMITTAL TO THE REGIONAL OFFICE*

***Republic of the Philippines***

***Department of Education***

***Region X***

***Division of El Salvador City***

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

*(School name)*

***1st Indorsement***

*Date:*

 *Respectfully forwarded to the Regional Director, DepEd Regional Office X, Zone-1*

*Upper Balulang, Cagayan De Oro City. The herein request of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for Certification, Authentication and Verification (CAV) of his / her Academic School Records.*

 *For 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 Regional Director.*

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

 *Signature Over Printed Name*

 *(School Head/Principal)*