

**KAGAWARAN NG EDUKASYON**  
Sangay ng Lungsod ng Dabaw

**Request for Authentication of DepEd-Issued Documents**

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

Purpose: \_\_\_\_\_

Requesting Party: \_\_\_\_\_

Office/School: \_\_\_\_\_

**Check and present the original copies of the documents to be authenticated:**

v	Type of Document	No. of Copies
	Application for Leave Effectivity Date:	
	Appointment Effectivity Date:	
	Assignment Letter Effectivity Date:	
	Clearance	
	Commutation of Leave Effectivity Date:	
	DepEd Certificates	
	DepEd ID	
	Medical Certificate Date Issued:	
	NOSA/NOSI Effectivity Date:	
	Payslip: Month/s Year:	
	Panunumpa sa Katungkulan Date Issued:	
	PAST/PASSA SY:	
	Reinstatement to Duty Effectivity Date:	
	Service Credit Card	
	Service Record	
	Statement of Assets, Liabilities & Networth Year:	
	Tax Forms (1902/2305) Year:	
	Others (pls. specify)	

If request for authentication is filled through a representative, attach the following:

1. Authorization Letter or SPA
2. Valid ID of the requesting party & the authorized representative

\_\_\_\_\_  
Authorized Representative (Printed Name and Signature)

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