



Republic of the Philippines
Department of Education
REGION VII – CENTRAL VISAYAS
Schools Division of Negros Oriental

**Office of the Schools Division
Superintendent**

30 MAY 2023

DIVISION MEMORANDUM
No. 780, s. 2023

**REITERATION OF THE POLICY AND PROCEDURAL GUIDELINES ON THE
CERTIFICATION, AUTHENTICATION AND VERIFICATION (CAV) OF BASIC
EDUCATION SCHOOL RECORDS**

- To: Assistant Schools Division Superintendent
Chief, CID and SGOD
Public Schools District Supervisors/District Caretakers
Elementary and Secondary School Heads
Registrars/School Records in-Charge/Designate
All Others Concerned
1. This office reminds the field to follow the Department of Education (DepEd) Order No. 48, s. 2017 which cites the Policy and Procedural Guidelines on the Certification, Authentication and Verification (CAV) of Basic Education School Records.
 2. The following are the basic steps to follow:
 - a. An applicant must fill up CAV Form 1 (Request Form) to the school.
 - b. If the school records (Diploma and Form 137) are found, the school must prepare CAV Form 4 (Certification of Enrolment/Completion/Graduation), CAV Form 17 (Certification of English as a Medium of Instruction) and CAV Form 5 (School Transmittal to the Regional Office).
 - c. On the other hand, if the school records are not found in the school, the concerned school must fill up CAV Form 2 (School Referral to Division Office).




Address: Kagawasan Avenue, Capitol Area, Daro, Dumaguete City
Telephone Nos.: (035)225-2838 / 225-2376 / 422-7644
Email Address: negros.oriental@deped.gov.ph



Republic of the Philippines
Department of Education
REGION VII – CENTRAL VISAYAS
Schools Division of Negros Oriental

**Office of the Schools Division
Superintendent**

3. Please be further reminded that all school records to be authenticated as well as the other CAV Forms (CAV Form 4 and CAV Form 17) must have 3 certified true copies by the School Principal. They must all be placed in a long brown envelope.
4. Attached are the needed CAV Forms as well as the complete checklist of requirements for Certification, Authentication and Verification (CAV) of School Records.
5. For the information and guidance of all concerned.


NERI C. OJASTRO, EdD, CESE
Schools Division Superintendent
5/29/23

NCO/MSP-JMA-NLR/AdSR/TSD



Address: Kagawasan Avenue, Capitol Area, Daro, Dumaguete City
Telephone Nos.: (035)225-2838 / 225-2376 / 422-7644
Email Address: negros.oriental@deped.gov.ph



Republic of the Philippines
Department of Education
REGION VII – CENTRAL VISAYAS
Schools Division of Negros Oriental

**Office of the Schools Division
Superintendent**

**Requirement for Certification, Authentication and Verification (CAV)-Public
School (Graduates)**

1. Transmittal (CAV Form 5) – original copy
2. Diploma – 1 original copy and 3 certified true copies
3. Certification of Enrolment/Completion/Graduation (CAV Form 4) - 1 original copy and 3 certified true copies
4. Certification of English as a Medium of Instruction - - 1 original copy and 3 certified true copies
5. Student Permanent Record (Form 137) – 1 original copy and 3 certified true copies
6. Passport size photo – 3 copies
7. Documentary stamp, if available or Documentary Stamp Fee @ the DepED RO7 Cashier

**Requirement for Certification, Authentication and Verification (CAV)-Private
School Graduates**

1. Transmittal (CAV Form 5) – original copy
2. Diploma – 1 original copy and 3 certified true copies
3. Certification of Enrolment/Completion/Graduation (CAV Form 4) - 1 original copy and 3 certified true copies
4. Certification of English as a Medium of Instruction - - 1 original copy and 3 certified true copies
5. Student Permanent Record (Form 137) – 1 original copy and 3 certified true copies
6. Certificate of Accreditation (for PAASCU Accredited Schools) - 1 original copy and 3 certified true copies
7. Special Order - 3 certified true copies



Address: Kagawasan Avenue, Capitol Area, Daro, Dumaguete City
Telephone Nos.: (035)225-2838 / 225-2376 / 422-7644
Email Address: negros.oriental@deped.gov.ph



Republic of the Philippines
Department of Education
REGION VII – CENTRAL VISAYAS
Schools Division of Negros Oriental

**Office of the Schools Division
Superintendent**

8. Passport size photo – 3 copies
9. Documentary stamp, if available or Documentary Stamp Fee @ the DepEd RO7
Cashier



Address: Kagawasan Avenue, Capitol Area, Daro, Dumaguete City
Telephone Nos.: (035)225-2838 / 225-2376 / 422-7644
Email Address: negros.oriental@deped.gov.ph

CAV FORM 1 – REQUEST FORM – SCHOOL (RF)

Republic of the Philippines
Department of Education
Region _____
Division _____

Control No.: _____
Date of Application: _____
Date of Release: _____

School Name : _____
School ID: _____

REQUEST FORM FOR ACADEMIC SCHOOL RECORDS

NAME OF LEARNER : _____

DATE & PLACE OF BIRTH : _____

SCHOOL YEAR LAST ATTENDED / GRADUATED : _____

PRESENT ADDRESS : _____

CONTACT NO. : _____

PURPOSE: (Please check any of the following):

- | | | |
|--|---|--|
| <input type="checkbox"/> EMPLOYMENT ABROAD | <input type="checkbox"/> FIANCE VISA | <input type="checkbox"/> STUDENT VISA |
| <input type="checkbox"/> SEAMAN'S BOOK/SRC | <input type="checkbox"/> TOURIST VISA | <input type="checkbox"/> DESCENDANT'S VISA |
| <input type="checkbox"/> MIGRATION ABROAD | <input type="checkbox"/> REIMBURSEMENT OF EDUCATIONAL ALLOWANCE/ TUITION FEES OF CHILDREN OF OFWs | |
| <input type="checkbox"/> SUCH OTHER PURPOSE AS MAYBE REQUIRED BY THE DFA | | |

Signature Over Printed Name
(Applicant / Representative)

CAV FORM 2 - SCHOOL REFERRAL TO DIVISION OFFICE

Republic of the Philippines
Department of Education
Region _____
Division _____
School Name _____

1st Indorsement

Date

Respectfully forwarded to the Schools Division Superintendent, Division of _____, 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 Name of Learner, who claims to be a graduate of / student in Name of School 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.

aler

G

CAV FORM 4 – CERTIFICATION OF ENROLMENT / COMPLETION / GRADUATION

Republic of the Philippines
Department of Education
Region _____
Division _____
School Name _____

CERTIFICATION OF ENROLMENT / COMPLETION / GRADUATION

TO WHOM IT MAY CONCERN:

This is to certify that, based on available records in this school, the following information pertaining to Name of Learner with Learner Reference Number _____ appear:

- () enrolled in Grade ____ during the School Year ____
- () completed Grade ____ during the School Year ____
- () satisfactorily graduated from Elementary / Secondary Course for the School Year _____ as prescribed by the Department of Education*.

This certification is issued on _____ upon the request of Name of Learner in connection with his / her application for Certification, Authentication and Verification.

Signature Over Printed Name
(School Head/Principal)

****If graduated from secondary course in private school, indicate Special Order Number and date.***

CAV FORM 5 – SCHOOL TRANSMITTAL TO THE REGIONAL OFFICE

Republic of the Philippines
Department of Education
Region _____
Division _____
School Name _____

1st Indorsement
Date

Respectfully forwarded to the Regional Director, DepEd Regional Office _____,
(address), the herein request of Name of Learner for
Certification, Authentication and Verification (CAV) of his / her Academic School
Records.

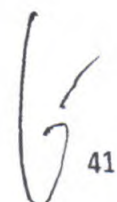
For ready reference and perusal, attached are the following
documents/records marked (✓) below properly enclosed in sealed envelope:

- () Certification of Completion/Graduation
- () Certification of English as Medium of Instruction
- () Form -137
- () Diploma

For the preferential appropriate action of the Regional Director.

Signature Over Printed Name
(School Head/Principal)

Attached: as stated.

 41

CAV FORM 17 – CERTIFICATION OF ENGLISH AS A MEDIUM OF INSTRUCTION

Republic of the Philippines
Department of Education
Region _____
Division _____
School Name _____

CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that Name of Learner with Learner Reference Number _____ has satisfactorily completed / graduated from the Elementary / Secondary Course as prescribed by the Department of Education, with the following particulars:

1. Name of School: _____
2. School address: _____
3. Grade level completed: _____; School Year completed: _____
4. Graduated on: _____; School Year graduated: _____
5. Special Order Number*: _____; Date: _____

This is to further certify that English Language was used as the medium of instruction in all subjects taught in the above-mentioned school, except for subjects that require the use of Filipino language only.

This certification is issued on _____ upon the request of Name of Learner in connection with his / her application for Certification, Authentication and Verification.

Signature Over Printed Name
(School Head/Principal)

****If graduated from secondary course in private school, indicate Special Order Number and date.***

6

ml
adw