



Republic of the Philippines
Department of Education
MIMAROPA Region

SCHOOLS DIVISION OF MARINDUQUE

Office of the Schools Division Superintendent



DIVISION MEMORANDUM

TO : Asst. Schools Division Superintendent
Public Schools District Supervisors
Public and Private Elementary and Secondary School Heads
School Records Custodians
All Others Concerned

FROM : 
LYNN G. MENDOZA, EdD
OIC, Schools Division Superintendent

SUBJECT : **GUIDELINES ON THE PROCESSING OF REQUESTS FOR
CERTIFICATION, AUTHENTICATION, AND VERIFICATION
(CAV) OF BASIC EDUCATIONAL RECORDS IN DEPED
MIMAROPA REGIONAL OFFICE**

DATE : **July 25, 2023**

Attached is a copy of Regional Memorandum No. 91, s.2023 dated July 21, 2023 re: **Guidelines on the Processing of Requests for Certification, Authentication, and Verification (CAV) of Basic Educational Records in DepEd MIMAROPA Regional Office**, for information, guidance and reference of all concerned.

Also attached are the Checklist of Requirements and CAV Forms to be used.

For clarifications, queries, and concerns, please contact Mr. Teodorico O. Salido III, Administrative Officer V, Administrative Services Division – Records Section thru mimaropa.region@deped.gov.ph.

Immediate dissemination of and strict compliance with this Memorandum are desired.

*"DepEd Marinduque: Heart of the Philippines.
Lead to Excel, Excel to Lead"*

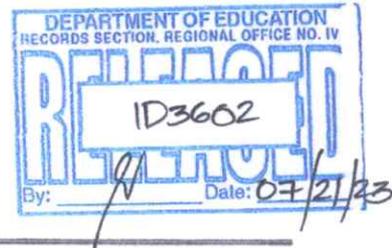


Malusak, Boac, Marinduque

Email: deped_marinduque@yahoo.com • Tel. No.: (042) 754-0247 • Fax No.: (042) 332-1611



Republic of the Philippines
Department of Education
MIMAROPA REGION



Office of Regional Director

July 21, 2023

REGIONAL MEMORANDUM
No. 91, s. 2023

**GUIDELINES ON THE PROCESSING OF REQUESTS FOR CERTIFICATION,
AUTHENTICATION, AND VERIFICATION (CAV) OF BASIC EDUCATIONAL
RECORDS IN DEPED MIMAROPA REGIONAL OFFICE**

**TO: ASSISTANT REGIONAL DIRECTOR
SCHOOLS DIVISION SUPERINTENDENTS
ASSISTANT SCHOOLS DIVISION SUPERINTENDENTS
RECORDS OFFICERS
SCHOOL HEADS OF PUBLIC AND PRIVATE SCHOOLS
ALL OTHERS CONCERNED**

1. Pursuant to DepEd Order No. 48, s. 2017 titled Policy and Procedural Guidelines on the Certification, Authentication, and Verification of Basic Education School Records, DepEd MIMAROPA Region, through the Administrative Services Division – Records Section provides the enclosed procedural guidelines on the processing of requests for CAV of school records.
2. The said procedural guidelines shall cover the required documents, activities involved, and persons responsible for processing the said request.
3. Also attached are the CAV Forms:
 - a. CAV Form 4 – Certification of Enrolment / Completion / Graduation
 - b. CAV Form 5 – School Transmittal to the Regional Office
 - c. CAV Form 12 – Certification of Rating (A&E / PEPT)
 - d. CAV Form 13 – Division Office Transmittal to the Regional Office
 - e. CAV Form 15 – CAV Application Form
 - f. CAV Form 17 – Certification of English as Medium of Instruction
4. Queries or concerns may be coursed through Teodorico O. Salido III, Administrative Officer V, Administrative Services Division-Records Section, thru mimaropa.region@deped.gov.ph.
5. Immediate dissemination and strict compliance with this memorandum is desired.

for 
NICOLAS T. CAPULONG, PhD, CESO III
Director IV
Regional Director 



Meralco Avenue corner St. Paul Road, Pasig City
(02) 8631-4070 | (02) 8637-2895 | (02) 8637-1799

mimaropa.region@deped.gov.ph [DepEd MIMAROPA Region](https://www.facebook.com/DepEd-MIMAROPA-Region) depedmimaroparegion.ph

CERTIFICATION, AUTHENTICATION, AND VERIFICATION (CAV) OF BASIC EDUCATIONAL RECORDS IN DEPED MIMAROPA REGIONAL OFFICE

CHECKLIST OF REQUIREMENTS

Requirements must be emailed thru mimaropa.region@deped.gov.ph for initial evaluation before going to DepEd MIMAROPA Regional Office.

REQUIREMENTS	WHERE TO SECURE
High School / Elementary Graduates	
Student Permanent Record (Form 137/SF10) - 2 certified true copies	School Attended
Diploma - 2 certified true copies	School Attended
Certificate of Completion / Graduation (CAV Form 4) 2 copies	School Attended
List of Graduate / Special Order if graduated from Private School	School Attended
Transmittal (CAV Form 5)	School Attended
Passport Size Picture	Client
PSA Birth Certificate	Client
Undergraduates	
Student Permanent Record (Form 137/SF10) - 2 certified true copies	School Attended
Certificate of Completion / Graduation (CAV Form 4) 2 copies	School Attended
Transmittal (CAV Form 5)	School Attended
Passport Size Picture	Client
PSA Birth Certificate	Client
For ALS/PEPT Passer	
Certification from Bureau of Education Assessment (BEA) – 1 original, 2 photocopies	Central Office - BEA
Certification of Rating (A&E / PEPT) (CAV Form 12) - 2 copies	Schools Division Office
Report of Rating in the Accreditation and Equivalency Test of ALS or PEPT -1 original, 2 photocopies	BEA / Schools Division Office
Transmittal (CAV Form 13)	Schools Division Office
Passport Size Picture	Client
PSA Birth Certificate	Client
Diploma, if applicable	Schools Division Office
Additional Requirement for Representative	
Authorization Letter, if requesting party is not the record owner	Client
Special Power of Attorney for the Authorized Representative	Client
Special Power of Attorney for the Authorized Representative issued by the Philippine Embassy, if applicant is residing outside the country	Client
Valid ID	Client



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CERTIFICATION, AUTHENTICATION, AND VERIFICATION (CAV) OF BASIC EDUCATIONAL RECORDS IN THE DEPED MIMAROPA REGIONAL OFFICE

CAV PROCESS - REGIONAL OFFICE

INITIAL EVALUATION OF DOCUMENTS

KEY PERSON / OFFICE	ACTIVITY
Schools / Schools Division Office	Submit required documents for the request for CAV of school records thru mimaropa.region@deped.gov.ph
Regional Office	Evaluate emailed CAV documents
	Notify the school/schools division office of the status of the request
Schools / Schools Division Office	Notify the client of the physical submission of the CAV document to the DepEd MIMAROPA Regional Office

ACTUAL PROCESSING OF CAV DOCUMENTS

KEY PERSON / OFFICE	ACTIVITY
Client	Request for and completely fill out the CAV application form from the Records Section
Regional Office - Receiving Clerk	Receive and check the completely filled out CAV application form and all supporting documents of the client.
	Review completeness and verify the authenticity of documents
	Assign specific CAV number and print 2 copies of CAV certificates
Client	Verify the accuracy of the data encoded
Regional Office - Receiving Clerk	Stamp and dry seal the CAV certificate
	Forward printed CAV to Records Officer - AOV for initial, CAO of Administrative Services / ARD/RD for signature
	Scan and email approved Cav through DFA official email
	Seal the CAV certificate and its attachments in a brown envelope with signatures on the opening and paste DFA Authentication Section addresses at the back.
	Inform the client to bring the sealed envelope to DFA for Apostille
Client	Receive the completed CAV documents
	End of process

AD-RS/TOS



Meralco Avenue corner St. Paul Road, Pasig City

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mimaropa.region@deped.gov.ph



DepEd MIMAROPA Region



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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.**

ANNEX E

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.

CAV FORM 12 - CERTIFICATION OF RATING (A&E/PEPT)

Republic of the Philippines
Department of Education
Region _____
Division _____

C E R T I F I C A T I O N

TO WHOM IT MAY CONCERN:

This is to certify that, after due verification, the following information marked (√)

below pertaining to Name of Learner, appear in the records of this Office:

() he/she passed the Alternative Learning Systems Accreditation and Equivalency (ALS A & E) Test for Elementary/Secondary Level administered on _____: and he/she has the competencies comparable to that of a Elementary/Secondary graduate in the formal school system and as such, is eligible to enter secondary/tertiary education.

() he/she took the Year Philippine Educational Placement Test (PEPT) given at _____ with Examinee Number _____ which indicate that he/she has met the basic academic requirements of Year Level in the Elementary/Secondary Level: and he/she, therefore, is eligible for admission to Year Level subject to the satisfaction of other school admission requirements.

Issued this _____ day of _____, 20__ for whatever legal purpose it may serve.

Signature Over Printed Name
(Schools Division Superintendent)

CAV FORM 13 - DIVISION OFFICE TRANSMITTAL TO THE REGIONAL OFFICE

Republic of the Philippines

Department of Education

Region _____

Division _____

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 Academic School Records.

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

() Certification of Results of Rating

() ALS A&E

() PEPT

() Diploma

() Form 137

() Others: _____

For the preferential appropriate action of the Regional Director.

Signature Over Printed Name

(Schools Division Superintendent)

Attached: as stated.



Republic of the Philippines
Department of Education

MIMAROPA REGION

CAV FORM 15 – CAV APPLICATION FORM

Date of Application: _____

NAME OF LEARNER : _____

DATE OF BIRTH : _____

PLACE OF BIRTH : _____

PRESENT ADDRESS: _____

CONTACT NUMBER: _____

NAME OF SCHOOL: _____

ADDRESS OF SCHOOL : _____

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"/>	DESCENDANTS VISA
<input type="checkbox"/>	MIGRATION ABROAD	<input type="checkbox"/>	REIMBURSEMENT OF EDUCATIONAL ALLOWANCE / TUITION FEES		
<input type="checkbox"/>	SUCH OTHER PURPOSE AS MAYBE REQUIRED BY THE DFA				

 Applicant / Representative

(TO BE FILLED BY THE REGIONAL OFFICE)

Requirements	Graduate		Undergraduate	
	Public	Private	Public	Private
Student Permanent Record (Form 137) - 2 certified true copies				
Diploma - 2 certified true copies				
Certificate of Completion / Graduation (CAV Form 4) 2 copies				
Special Order – (List of Graduates)				
Certificate of Accreditation for PAASCU Accredited Schools				
Transmittal (CAV Form 5)				
ALS A&E / PEPT Passer <i>(if applicable)</i>				
Certification from BEA				
Rating				
Certification from the Division Office				
Passport Size Picture				
PSA Birth Certificate				

Remarks: _____

 Receiving Clerk, Records Section



Address: Meralco Avenue corner St. Paul Road, Pasig City
 Telephone Nos.: (02) 8631-4070 | (02) 8637-2895 | (02) 8637-1799
 Email address: mimaropa.region@deped.gov.ph
 Website: depedmimaroparegion.ph

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

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

C E R T I F I C A T I O N

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.**