



Republic of the Philippines
Department of Education
Region VI – Western Visayas
SCHOOLS DIVISION OF CAPIZ

July 12, 2022

Division Memorandum
NO. 226 s. 2022

MINIMUM REQUIREMENTS FOR CORRECTION OF ENTRY IN THE SCHOOL RECORDS OF PUPILS/STUDENTS IN PUBLIC AND PRIVATE ELEMENTARY AND SECONDARY SCHOOLS IN THE DIVISION OF CAPIZ REGION VI

To: OIC, Office of the SDS
Chief Education Supervisors
Public Schools District Supervisors/Officers-In-charge of the District
Heads of Public and Private Elementary, Secondary and Integrated Schools
All others concerned

1. Attached is Regional Memorandum No. 500, s. 2022 titled “Minimum Requirements For Correction of Entry in the School Records of Pupils/Students in Public and Private Elementary and Secondary Schools in Region VI”.
2. Immediate dissemination of and compliance with this memorandum are desired.


MIGUEL MAC D. APOSIN EdD, CESO V
Schools Division Superintendent



Address: Banica, Roxas City
Contact Number: (036) 620 2371
Email Address: capiz@deped.gov.ph



Republic of the Philippines
Department of Education
REGION VI – WESTERN VISAYAS

REGIONAL MEMORANDUM
No. 570, s. 2022

JUL 06 2022

TO: Schools Division Superintendents
All Others Concerned

**MINIMUM REQUIREMENTS FOR CORRECTION OF ENTRY IN THE
SCHOOL RECORDS OF PUPILS/STUDENTS IN PUBLIC AND PRIVATE
ELEMENTARY AND SECONDARY SCHOOLS IN REGION VI**

1. This Office, through the Legal Unit, has observed that some requests for correction of entry in the school records of pupils/students in public and private elementary and secondary schools are being returned due to some deficiencies or lack of supporting documents.
2. In order to address the problems and to fast track the processing of the requests, this Office issues this Memorandum, for the guidance of the field offices.
3. All requests for correction of entry in the school records of the pupils/students in public and private elementary and secondary schools should be accompanied by the following:
 - a. Letter request, signed by the applicant if of legal age, or by the parent/guardian if otherwise;
 - b. Sworn affidavit of discrepancy, executed by the applicant if of legal age, or by the parent/guardian if otherwise;
 - c. Sworn affidavit of discrepancy executed by two (2) disinterested persons;
 - d. One (1) original copy on secured paper, and three (3) certified true copies of the applicant's certificate of live birth issued by the Philippine Statistics Authority;
 - e. Three (3) certified true copies of the student's permanent records (DepEd Form 137);
 - f. One (1) original copy and three (3) certified copies of a Certificate of Negative Results issued by the Philippine Statistics Authority in case of change of first name, middle name, and/or surname;
 - g. Duly filled accomplished request with data sharing consent using the form prescribed by this Office, hereto attached as Annex "A".



Address: Duran Street, Iloilo City, 5000
Telephone Nos: (033)509-7653; (033)336-2816
Email Address: region6@deped.gov.ph
Website: region6.deped.gov.ph

4. All requests must be indorsed by the concerned Schools Division Superintendent to this Office. By indorsing the request, the Schools Division Superintendent warrants the completeness, correctness and validity of the documents submitted by the applicant/requestor.
5. Attached as Annex "B" is the checklist of the documentary requirements.
6. Immediate dissemination of and compliance with this Memorandum are desired.


RAMIR B. UYTICO EdD, CESO III
Regional Director

Inclusion: as stated.

Allotment: 1

To be indicated in the **Perpetual Index**
under the following subjects:

PUPILS

SCHOOL RECORDS

STUDENTS



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Annex "A"

Legal Unit Priority Number:

Nature of Transaction (Please check appropriate spaces.)

_____ REQUEST FOR CORRECTION OF SCHOOL RECORDS

_____ REQUEST FOR CERTIFICATION AS TO ADMINISTRATIVE COMPLAINT/CASE

The said Certification is to be used for (Please check appropriate box.)

- | | |
|--|---|
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Survivorship benefit |
| <input type="checkbox"/> Travel abroad | <input type="checkbox"/> Loan application. |
| <input type="checkbox"/> Transfer | |
| <input type="checkbox"/> Others (please specify) _____ | |

To be accomplished
by the Legal Unit
personnel:

Date: _____
Start: _____
End: _____

To be accomplished before any personal data is disclosed.

I hereby certify that: (a) I have read the Data Privacy Notice of the Legal Unit; (b) I am voluntarily giving the data requested below; (c) consent is given for the use of the above data in the processing of my above request; (d.) I fully understand that the data to be given will be made available to the GSIS office in case of retirement or claim for survivorship benefits, or to the concerned school and Schools Division Office in case of correction of school records, and to other applicable offices or agencies in relation to my transaction.

For correction of school records: (a) I am voluntarily giving copies of my Certificate of Live Birth and other pertinent documents; (b) I agree to have said copies retained in the files of the Legal Unit and the Records Section, as well as the concerned school(s) and Division Office; (c) I understand that these documents are necessary for the processing of my requested change of data.

Name of informant: _____

Signature: _____ Date: _____

NOTE: In case the informant is not the student or the student's parents (for correction of school records), or is not the applicant for the above-indicated personnel action (for issuance of Certification), or is not the designated Liaison Officer, said informant must be duly authorized through a Special Power of Attorney.

To be accomplished in relation to requests for Certification as to administrative complaints/cases.

Name of DepEd personnel: _____ Sex: _____

For married female personnel, please indicate maiden last name: _____

Cellphone number: _____ Email address: _____

Position: _____ Station/School: _____

Schools District: _____ Schools Division: _____

FOR RETIREMENT:

Effective date of retirement:

FOR SURVIVORSHIP BENEFITS:

Date of death: _____

Name of surviving spouse/heir and relationship to the deceased):

FOR LEAVE TO TRAVEL ABROAD:

Personal Official

Dates of travel: _____

Destination: _____

FOR TRANSFER:

Effective date of transfer: _____

New station: _____

To be accomplished in relation to requests for correction of data in permanent school records.

Name of student: _____ Sex: _____

Complete mailing address: _____

Cellphone number: _____

Email address: _____

Annex "B"

Minimum Requirements for Correction of Entry in a Student's School Records:

Applicant/Requestor:

1. Letter request, signed by:
 - a. the applicant if of legal age, or
 - b. the parent/guardian if otherwise;
2. Sworn affidavit of discrepancy, executed by
 - a. the applicant if of legal age, or
 - b. the parent/guardian if otherwise;
3. Sworn affidavit of discrepancy executed by two (2) disinterested persons;
4. One (1) original copy on secured paper, and three (3) certified true copies of the applicant's certificate of live birth issued by the Philippine Statistics Authority;
5. Three (3) certified true copies of the student's permanent records (DepEd Form 137);
6. One (1) original copy and three (3) certified copies of a Certificate of Negative Results issued by the Philippine Statistics Authority (PSA), in case of change of first name, middle name, and/or surname; and
7. Duly filled accomplished request with data sharing consent using the form prescribed by this Office, hereto attached as Annex "A".

To claim the approved request, please check the appropriate box below, if:

Personal; or

Through mail. Select the available courier in your locality (**JRS, Postal Mail**).

Kindly write below the following data of the applicant/requestor:

Complete Name: _____

Address: _____

Cellphone Number: _____

For the Schools Division Office:

Checked the completeness of the documentary requirements submitted by the applicant/requestor.

Division Office In-Charge

For DepEd Regional Office In-Charge:

Received with complete documents

Others

Signature Over Printed Name