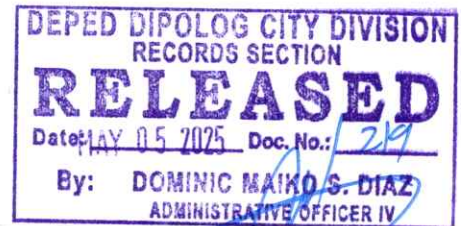




Republic of the Philippines
Department of Education
Region IX – Zamboanga Peninsula
SCHOOLS DIVISION OF DIPOLOG CITY



May 5, 2025

DIVISION MEMORANDUM

No. 219, s. 2025

HARMONIZATION IN THE USE OF CERTIFICATION, AUTHENTICATION, AND VERIFICATION (CAV) FORMS IN SCHOOLS UNDER SDO DIPOLOG CITY

To: Assistant Schools Division Superintendent
Chief of SGOD and CID
All Public Schools District Supervisors
All ELEMENTARY AND SECONDARY SCHOOL HEADS
All Records School Coordinator
This Division
All Other Concerned

1. Pursuant to Regional Memorandum No. 12, s. 2025 titled "HARMONIZATION IN THE USE OF ISO-REGISTERED CERTIFICATION AUTHENTICATION AND VERIFICATION FORMS TEMPLATE", all schools under the Dipolog City Division are advised to use the ISO-registered CAV form templates prescribed by the Regional Office.
2. To ensure effective implementation of DepEd Order No. 48, s. 2017, all forms for Certification, Authentication, and Verification of Basic Education Records must be documented, controlled, and registered under the DepEd National Quality Management System (NQMS).
3. Effective immediately, all applications for CAV issuance must be submitted using the required templates and forms provided by the Regional Office. Unregistered forms will be deemed non-compliant.
4. For clarification and concerns, contact Dominic Maiko S. Diaz, Division Records Officer, at 09107444259.
5. Immediate dissemination and strict compliance are required.

MA. LIZA R. TABILON, EdD., CESO V
Schools Division Superintendent
Office of the Schools Division Superintendent

Ref: RM 12, s. 2025, DO 48, s. 2017
Encl: RM 12, s. 2025 Harmonization in the Use of
ISO-Registered CAV forms template
DMSD/MEMO-2025-03-CAV FORMS
OSDS/ADMIN/REC/ May 5, 2025



Address: Purok Farmers, Olingan, Dipolog City
Email: dipolog.city@deped.gov.ph
Website: www.depeddipolog.net
Facebook: DepEd Tayo – Division of Dipolog City

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 _____

() satisfactory 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 _____ 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 17 – CERTIFICATION OF ENGLISH AS 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 _____ with Learner Reference Number _____ has satisfactorily completed / graduated from 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 No.: * _____ 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 only.

This certification is issued on _____ upon the request of _____ 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.

RO-ASD-F039



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www.facebook.com/DEPEDREGION9
Pres. Corason C. Aquino Regional Government Center, Balintawak, Pagadian City, 7016

Doc. Ref. Code	RO-ORD-F039	Rev	00
Effectivity	12.22.2023	Page	1 of 1



CAV FORM 13 – DIVISION OFFICE 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 _____,
 _____, the herein request of _____ for
 Certification, Authentication and Verification (CAV) of Academic School Records.

For ready reference and perusal, attached are the following
 documents/records marked (v) 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)



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 Pres. Corason C. Aquino Regional Government Center, Baintawak, Pagadian City, 7016

Doc. Ref. Code	RO-ASD-F036	Rev	00
Effectivity	12.21.2023	Page	1 of 1



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

REPUBLIC OF THE PHILIPPINES

Department of Education

Region _____

Division _____

School Name _____

CERTIFICATION

TO WHOM IT MAY CONCERN

This is to certify that, after due verification, the following information marked (V) below pertaining to _____, 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)



region3@deped.gov.ph
(052) 945-3329 / 09482076710 / 09152475207
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Pres. Corazon C. Aquino Regional Government Center, Balintawak, Pagadian City 7016

Doc. Ref. Code	RO-ASD-F035	Rev	00
Effectivity	12.21.2023	Page	1 of 1



**CAV FORM 11 – CERTIFICATION OF NON-AVAILABILITY OF RATING
(A&E / PEPT)**

REPUBLIC OF THE PHILIPPINES

Department of Education

Region _____

Division _____

School Name _____

CERTIFICATION

TO WHOM IT MAY CONCERN

This is to certify that after due verification, there is no available records on file in this Office of the requested Results of Rating on () Alternative Learning Systems Accreditation and Equivalency Test () Philippine Educational Placement Test of Name of Learner.

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

SIGNATURE OVER PRINTED NAME
(Division Records Officer)

ANNEX J

CAV FORM 10 - REQUEST FORM (RF) FOR ALS A&E AND PEPT RATINGS

REPUBLIC OF THE PHILIPPINES

Department of Education

Region _____

Division _____

School Name _____

Control No. _____

Date of Application: _____

Date of Release: _____

REQUEST FORM FOR RESULTS OF RATING ON:

() Alternative Learning Systems Accreditation & Equivalency Test

() Philippine Educational Placement Test

NAME OF LEARNER: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

PRESENT ADDRESS: _____

CONTACT NO.: _____

DATE OF EXAMINATION: _____

PLACE OF EXAMINATION: _____

PURPOSE: (Please check any of the following):

- ☐ EMPLOYMENT ABROAD ☐ FIANCE VISA ☐ STUDENT VISA
☐ SEAMAN'S BOOK/SRC ☐ TOURIST VISA ☐ DESCENDANT'S VISA
☐ MIGRATION ABROAD ☐ REIMBURSEMENT OF EDUCATIONAL
ALLOWANCE/TUITION FEES OF
CHILDREN OF OFWs
☐ SUCH OTHER PURPOSE AS MAYBE REQUIRED BY THE DFA

SIGNATURE OVER PRINTED NAME
(Applicant / Representative)



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Doc. Ref. Code	RO-ASD-F033	Rev	00
Effectivity	12.21.2023	Page	1 of 1





Republic of the Philippines
Department of Education
REGIONAL OFFICE IX, ZAMBOANGA PENINSULA

Office of the Regional Director

January 7, 2025

REGIONAL MEMORANDUM

No. 012, s. 2025

**HARMONIZATION IN THE USE OF ISO-REGISTERED CERTIFICATION
AUTHENTICATION AND VERIFICATION FORMS TEMPLATE**

To: Schools Division Superintendents
School Heads/Principals
School Registrars
All Others Concerned

1. In the effective and efficient implementation of DepEd Order No. 48 s. 2017- Policy and Procedural Guidelines on Certification, Authentication, and Verification of Basic Education Records and DepEd National Quality Management (NQS) all forms shall be documented, controlled, and registered in the Quality Management System.
2. Effective January 27, 2025, applications for the issuance of CAV shall be supported by the requirements with ISO-registered forms. Those using unregistered forms will be considered non-compliant with the requirements.
3. Please refer to the attached ISO-registered forms for complete details.
4. Should you have any queries you may contact **Mr. Roy J. Tubongbanua**, Administrative Officer V, with CP no. **09985696326** and email address at roy.tubongbanua@depd.gov.ph
5. Immediate dissemination of and strict compliance of this memorandum.

DR. RUTH L. FUENTES, CESO III
Regional Director

Digitally signed by Legaspi Ruth Fuentes
DN: CN=Legaspi Ruth Fuentes,
serial=1, email=legaspi.ruth@depd.gov.ph,
c=PH

ASD/RMD/rjt/RM
01/January 2, 2025