 Tarlac State University

 Quality Management Unit

**Document Request Form**

Reference No.: Date:

Client:

Office/Unit/College/Visitor:

Email Address *(for soft copy):*

Tel/Mobile No:

Type of Document(s) Requested:

 [ ] Controlled Copy

 [ ] Uncontrolled Copy.

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Document(s) Requested *(include the number of copies)*:

Purpose(s):

Prepared by: Noted by:

Client/Requestor/Visitor Immediate Supervisor

Action taken: *(to be filled up by QMU)*

Prepared by:

QMU Staff/DCO

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