



Department of Education
Region III
DIVISION OF CITY SCHOOLS
Angeles City



Jesus Street, Pulungbuiu, Angeles City
Tel. No. (045) 322-5722; 888-0582 / Fax Nos. (045) 322-4702; 887-6099

DATE

CERTIFICATION

To Whom It May Concern:

This is to certify that according to the records filed in this office that
Mr./Mrs./Miss _____

(Name)

of

(Position)

(Office/School)

DepEd, Division of City Schools, Angeles City, does not have any case filed against him/her for any criminal or administrative offenses involving dishonesty while in the service.

This certification is issued upon the request of Mr./Mrs/Miss _____
And in connection with / for whatever legal purpose it may serve her/him.

Done this _____ day of _____ in the year of our Lord 20____.
in the City of Angeles.

ENRIQUE D. PANGILINAN
Administrative Officer V