

OFFICIAL RECORD ABSENCE CERTIFICATE

This is to certify that:

Full Name:	<input type="text"/>
ID/Registration No.:	<input type="text"/>
Department/Class:	<input type="text"/>
Date(s) of Absence:	<input type="text"/>
Reason for Absence:	<input type="text"/>

Has been officially recorded as absent on the above-mentioned date(s) for the stated reason.

Authorized Signature: _____

Date: