

Republic of the Philippines ISABELA STATE UNIVERSITY Echague, Isabela



College of Computing Studies, Information and Communication Technology

PARENTS' CONSENT

I, Mr. JOSEPH P. GOROSPE	, with 45 of age, parents of <u>DENVER DEO GOROSPE</u> ,
Name of Parents/Guardian	Name of Student
BSIT 3-1 student, gr	rant our permission to our child to conduct Capstone Project System
Planning, Designing and Develo	pment atDENR- SAN ISIDRO, ISABELA for the Second Name and Address of Agency
Semester A.Y. 2023-2024, on da	ys stipulated in their schedule (please refer to attached schedule) as part of
their Capstone Project and R	esearch 1. In the unlikely event that the damages and/or liabilities of
whatever nature may arise in cor	nnection with the activity (inside the objectives of the immersion activities
or beyond the control of the facul	lty in charge), we hold the University, its officers, coordinators and faculty
free and harmless of any damage	es and liabilities.
JOSEPH P. GOROSPE Printed Name and Signature of C 09262608247 Contact Number of Guardia	Guardian Printed Name and Signature of Guardian 09262608247
REPUBLIC OF THE PHILIPPIN Province of Isabela Municipality of ECHAGUE	NES)) S. C.)
SUBSCRIBED AND	SWORN before me this day of 2023 at
competent evidence of their iden	, affiants exhibited to me their Identification No as tity.
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or beyond the control of the faculty in char	rge), we hold the University, its officers, coordinators and faculty	
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Province of Isabela Municipality of ECHAGUE) S. C.	
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or beyond the cont	trol of the faculty in cha	arge), we hold the University, its	officers, coordinators and faculty		
free and harmless	of any damages and lia	bilities.			
JOSEPH	P. GOROSPE	<u>J(</u>	OSEPH P. GOROSPE		
Printed Name and	Signature of Guardian	Printed N	Name and Signature of Guardian		
09262	608247		09262608247		
Contact Num	ber of Guardian	Co	ontact Number of Guardian		
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