PARENT CONSENT

This is to certify that I am allowing my son/ daughter \_\_\_\_\_\_\_\_\_Garth L. Kor-oyen\_\_\_\_\_\_\_\_

*(Student’s Name)*

To take part in the On-The-Job Training Program (OJT) for a minimum of 250 hours starting

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_Teleperformance Fairview\_\_\_\_\_\_\_\_\_\_\_  *(Date) (Date) (Company Name)*

in partial fulfillment of the requirements for the *Bachelor of Science in Information Technology*

It is understood that he/she will abide the rules and regulations that may be imposed by the Supervisor/staff-in-charge for his/her welfare and safety.

I fully agree to waive any responsibility on the part of the Bestlink College of the Philippines, and/or its representatives for any untoward incident which may happen to my son/daughter during of the practicum.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian DATE

*(Signature over Printed Name)*

Student Number: 21015602

Student Name: Garth L. Kor-oyen

Relationship to Student:

Home Address: Lt18 Blk 59 Brimley street, Brgy. North Fairview, Quezon City

Telephone/Cellphone No.: 0918 656 9730

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_