**WAIVER**

This is to certify that I, <complete name of parent/guardian>, <parent/guardian> of ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­<your complete name>, a bonafide student of Tarlac State University grant him/her permission to undergo internship/on-the-job training at the <company’s full name> from <start date of OJT> to <end date of OJT>.

I understand and agree that this training is necessary and a requirement for the completion of the degree Bachelor of Science in <Information Technology/Information Systems/Computer Science> specialized in <your course specialization>.

I further agree and affirm that Tarlac State University and <name of company> are in no way responsible nor shall they pay compensation for any incident, harm, or injury that may be caused on her person during the training and that my child will undergo said on-the-job training.

I also certify that s/he on her/his free will, certified to me her/his decision to undergo on-the-job training as evidence by her/his signature affixed below together with my own signature.

|  |  |
| --- | --- |
| <name and signature> | <name and signature> |
| Student | Parent / Guardian |

|  |  |
| --- | --- |
| <contact number of student> | <contact number of parent / guardian> |
| Contact Number | Contact Number |

Noted:

|  |  |
| --- | --- |
| <name and signature> | <name and signature> |
| College Internship Coordinator | College Dean |