

Signature

PARENT/GUARDIAN CONSENT

February 12, 2024
Date

To whom it may concern:

I, Mylene Tableza Pinlac, herby permit my daughter/son/ward Genasky Jr. Tableza Pinlac, of legal age and a bonafide student of **DON HONORIO VENTURA STATE UNIVERSITY** currently taking Bachelor of Science in Computer Science 4-A (Program-Year-Section) to undergo Student Internship Program in the Philippines (SIPP) as one of the course requirements of the program.

I agree that the Don Honorio Ventura State University (DHVSU) and the Host Training Establishment (HTE) where my son/daughter/ward will undertake Internship are not, in any way, liable for any untoward incident or injury that may arise while undergoing internship.

- 1. Name of HTE: Aehr Test Systems Philippines Inc
- 2. HTE Address: Ground floor Office Center 08A-E Bethaphil III Clark Center, Jose Abad Santos Avenue Clark Freeport Zone, Pampanga
- 3. Internship Period: February – April
- 4. Internship Duration: 250 Hours

I further waive my rights as for any damages and liabilities and not hold the University and the Host Training Establishment accountable whatsoever.

UNDERTAKING

Considering the foregoing premises which have been fully explained to us by our son/daughter/ward, I hereby allow him/her to join the foregoing activity.

Signature of Parent/Guardian

Address of Parent/Guardian: Purok 4, Malusac Sasmuan, Pampanga
Contact No. of Parent/Guardian: 09354706136

SUBSCRIBE AND SWORN to before me this ____ day of _____, 20__ at _____.

DATA PRIVACY CONSENT

I allow DHVSU through the Office of Career Services to collect, record, organize, update, modify, retrieve, consult, utilize, consolidate, block, erase or delete any information which are a part of my personal data for historical, statistical, research, and evaluation purposes pursuant to the provisions of the Republic Act No. 10173 of the Philippines, Data Privacy Act of 2012 and its corresponding Implementing Rules and Regulations.

Signature of Student

NOTARY PUBLIC Doc.

No. _____
Page No. _____
Book No. _____
Series of 20_____

NOTE: Please attach a photocopy of valid ID of parent/guardian for Notary purposes.

