

Signature  
**PARENT/GUARDIAN CONSENT**

February 12, 2024  
Date

To whom it may concern:

I, Mylene Tableza Pinlac, hereby 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 Sasman, 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.



REPUBLIKA NG PILIPINAS

Republic of the Philippines

PAMBANSANG PAGKAKAKILANLAN

Philippine Identification Card



6598-3024-0375-1706

Apelyido/Last Name

PINLAC

Mga Pangalan/Given Names

MYLENE

Gitnang Apelyido/Middle Name

TABLEZA

Petsa ng Kapanganakan/Date of Birth

MAY 31, 1977

Tirahan/Address

PRK. 4, MALUSAC, SASMUAN, PAMPANGA

PHL



Araw ng pagkakatapos/Date of Issue

15 NOVEMBER 2021

Kasarian/Sex

FEMALE

Uri ng Dugo/Blood Type

UNKNOWN

Kalagayang Sibil/Marital Status

MARRIED

Lugar ng Kapanganakan/Place of Birth

SASMUAN, PAMPANGA



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