



Dear **Student**,

Greetings in St. La Salle!

De La Salle University adheres and actively responds to the call of the government for a drug free nation. To support efforts to minimize, if not totally eradicate, the problem of illegal drugs, the University developed an anti-drug use and abuse program called **Lasallians' Fight Against Drugs (LFAD)**, which includes random and mandatory drug testing activities for students. Random and mandatory drug testing activities are conducted to determine the prevalence of drug use among students and provide the appropriate interventions for those who test positive.

The LFAD Random Drug Testing may be conducted anytime within the academic year in accordance with Article III Section 36C of RA 9165 or the Comprehensive Dangerous Drugs Act of 2002.

The LFAD Mandatory Drug Testing is one of the admission requirements for incoming students and is included in the Annual Physical Examination (APE) of enrolled students. Specific schedules of mandatory drug testing shall be determined by the Health Services Office. A contracted DOH-accredited drug testing medical team will collect urine specimens from students on campus.

In view of this, please be informed that **you are required to undergo drug testing**. Rest assured that the University shall not publish results, whether positive or negative. Further, positive results will be treated with utmost care and confidentiality and **shall not be used in disciplinary or criminal proceedings**.

Thank you for supporting our efforts to make the University a safe and healthy space for all.

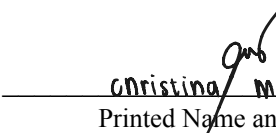
Very truly yours,


05/26/2023
Dr. Christine Joy A. Ballada
Dean, Student Affairs

DRUG TESTING CONSENT FORM

I, Christina M. Sijera, taking BS Informtion Technology,
(Name of Student) *(Degree Program)*
with ID Number 12141228, consent to undergo random and mandatory drug screenings. Further, I promise to fully abide by the rules and regulations of the DLSU Student Handbook on the Drug Testing Program.

Conforme:


Christina M. Sijera
Printed Name and Signature of Student


Aurelio Sijera
Printed Name and Signature of Parent/Guardian

June 8, 2023
Date Signed

June 8, 2023
Date Signed



Office of
Student
Affairs

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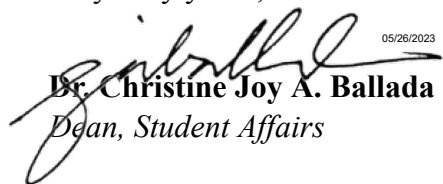
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Very truly yours,



05/26/2023
Dr. Christine Joy A. Ballada
Dean, Student Affairs

DRUG TESTING CONSENT FORM

I, Brendan Castillo, taking BS INFORMATION TECHNOLOGY
(Name of Student) (Degree Program)
with ID Number 12140961, consent to undergo random and mandatory drug screenings. Further, I promise to fully abide by the rules and regulations of the DLSU Student Handbook on the Drug Testing Program.

Conforme:


Brendan Castillo
Printed Name and Signature of Student


Haidie Royo
Printed Name and Signature of Parent/Guardian

Jun 8, 2023
Date Signed

Jun 8, 2023
Date Signed



OFFICIAL LETTER OF PERMISSION
NSTPLT2 Term 3, AY2022-2023

Dear NSTP and Formation Office (NFO),

I am allowing my child/ward, Christina Sijera, with ID No. 12141228, from the College/School of CCS BSIT, to take part in NSTP CWTS Off-Campus activity supervised by the NSTP and Formation Office (NFO) of the De La Salle University-Manila.

Based on the letter from your office and the information about the Off-Campus Activity relayed to me by my child/ward, I know that s/he will be present and is expected to perform well her/his duties and responsibilities in the off-campus activity and will comply with all the program requirements. I fully understand that s/he will be going to a partner community within Metro Manila, Rizal, and Laguna together with her/his NSTPLT2 section. S/he will also follow the schedule arranged by the NFO and the Center for Social Concern and Action (COSCA) based on the NSTPLT2 Course Syllabus.

If there are any changes in the schedule, I will hold my child/ward responsible in providing me with the necessary information. I further recognize that the University through NFO will provide legal diligence in ensuring the safety of my child/ward during off-campus activities. The legal diligence would include oral or written instructions, whether given before or during the activity, that if followed, would ensure the safety of my child/ward.

I will see to it that my child/ward will fulfill her/his duties and responsibilities and will uphold the good name of the University. If my child/ward disregards or fails to follow these instructions or should act on her/his own, I, together with my child/ward, shall have no claims against the University, its officers, faculty/staff-in-charge should any damage be caused or liability be incurred to property or person of my child/ward or other persons.

I also understand that any personal information shared shall be stored and strictly accessed only by the NFO NSTP Staff and can only be used for NSTP-related matters. I understand that NFO will not share this information to other individuals or groups for any other purposes.

ACTIVITY DETAILS

Nature/Title of Activity :	NSTPLT2 Off Campus Activity
Name of Partner Organization :	Wishful Angels
Location/Address :	Caloocan City
Duration of Activity :	June 10 and July 1, 2023 for NSTPLT2 AM Sections June 17 and July 15, 2023 for NSTPLT2 PM Sections Make Up Schedule in case of suspension : July 22 and July 29, 2023 <i>Note : In case of one or two suspension of regular off-campus activity schedule, only one (1) schedule for makeup will be provided.</i>

STUDENT'S INFORMATION

Name of Student :	Christina Sijera	Email Address :
ID Number :	12141228	<u>christina_sijera@dlsu.edu.ph</u>
Mobile Number :	09055548240	Signature :

----- Note to Parents/ Guardian : DO NOT SIGN UNLESS ALL BOXES ABOVE HAVE VALID ENTRIES. -----

PARENT/GUARDIAN'S INFORMATION

Name of Parent or Guardian :	Lerma Sijera	Email Address :
Mobile and Landline Number:	09567501084	<u>MFTTM@yahoo.com</u>
Address :	91 Hornbill Dr., Baybreeze Village, Taguig	Signature:

Kindly fill out all required information and have this notarized.
NOTE : Phone calls, SMS, letters, emails and improvised letter, and incomplete/ non-notarized Letter of Permission is NOT allowed.
No Notarized Official Letter of Permission, No Off Campus Activity.

SUBSCRIBED AND SWORN BEFORE ME this _____ day of _____, _____ at the City of _____ .
AFFIANT _____ exhibiting to me his/her ID No. _____ issued at _____,
Philippines on _____.

Doc.. No. _____
Page No. _____
Book No. _____
Series of _____