

School Specific Consent Form

I, Armie Flor V. Gonzales, hereby authorize Owens Online LLC. and [REDACTED]  
[REDACTED] to disclose my academic information and all my related personal  
information in regard to my education from Centro Escolar University, for the purpose of  
employment. I agree that a facsimile ("fax"), photographic or electronic copy of this  
Authorization shall be as valid as the original.

Current Legal Name: Armie Flor V. Gonzales

Name at time of graduation(if different from above): \_\_\_\_\_

Graduation Date: APRIL 15, 2012

Award Received: Bachelor of Science in Medical Technology

Signature: 

Printed Name: ARMIE FLOR V. GONZALES

Date: FEBRUARY 13, 2023



2-13-2023

