### Republic of the Philippines

# Pangasinan State University

Urdaneta City Campus San Vicente, Urdaneta City Telefax: (075) 632-2559



# PARENT/GUARDIAN CONSENT REQUEST FORM

## TO WHOM IT MAY CONCERN:

(Signature-Over-Printed Name)

This	is	to	certify	that	Ι	allowed	my	son	/	daughter	to	join	the	Educational	Tour/	Seminar	
Work	sho	p/C	onferenc	e/Con	ive	ntion.											

Name of son / daughter:	
Name of Activity:	
Date of Activity:	
Thank you very much!	
Yours truly,	APPROVED:
Name of Student (Signature-Over-Printed Name)	Name of Parent/ Guardian (Signature-Over-Printed Name)
ST	UDENT WAIVER
I,(course/ year & section) preser school / student activity and do hereby pledge th	(name) presently enrolled inas part of our at:
I will obey and abide the rule University for the protection and	s and regulations promulgated, enforced by the officials of the safety of all;
will not hold the employees or st be slight or serious, that may hap of which will be attributable to r	ance my rights to all damages, hospitalization, and the like and I aff of MUST responsible for any misfortune, injury, or accident pen in connection with the activities or requirements. The cause my acts of my disobedience, negligence, and the offense of my ution, and safety rules that were read to me by my adviser before
That the content of this waiver was read and exp day offreely and voluntarily.	plained to me before I affix my name and signature this
Thank you very much!	
Yours truly,	APPROVED:
Name of Student	Name of Parent/ Guardian

(Signature-Over-Printed Name)

### Republic of the Philippines

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# PARENT/GUARDIAN CONSENT REQUEST FORM

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(Signature-Over-Printed Name)

This is to certify that I allowed my son / daughter to join the Educational Tour/ Seminar - Workshop/Conference/Convention.

Name of son / daughter:	
Name of Activity:	
Date of Activity:	
Thank you very much!	
Yours truly,	APPROVED:
Name of Student (Signature-Over-Printed Name)	Name of Parent/ Guardian (Signature-Over-Printed Name)
ST	UDENT WAIVER
I, (course/ year & section) preser school / student activity and do hereby pledge th	(name) presently enrolled inas part of our at:
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Yours truly,	APPROVED:
Name of Student	Name of Parent/ Guardian

(Signature-Over-Printed Name)