

PANGASINAN STATE UNIVERSITY Urdaneta City Campus



San Vicente, Urdaneta City

PARENT/GUARDIAN CONSENT REQUEST FORM

CpE Night

A Starry Night: "Uniting Under the Night Sky

TO WHOM IT MAY CONCERN:

Name of son / daughter:

Theme of the Activity:

Name of Activity:

This is to certify that I allowed my son / daughter to join the CpE Night.

	April 26, 2024 from 6:00 pm to 11:00 pm
Date and Time of Activity:	
Location of the Activity:	3 rd Floor, Urdaneta City Cultural and Sports Center
Thank you very much!	
, ,	
Yours Truly,	APPROVED
Name of Student	Name of Parent / Guardian
(Signature-Over-Printed-Name)	(Signature-Over-Printed-Name)
STUI	DENT WAIVER
•	(name) presently enrolled in rse/year & section) present myself to join the name of the activity) as part of our school / student
activity and do hereby pledge that:	fame of the activity) as part of our school? Student
•	regulations promulgated, enforced by the officials of Computer Engineering for the protection and safety
 That I hereby waived and renounce and I will not hold the employees an responsible for any misfortune, injur connection with the activities or req acts of my disobedience, negligence 	my rights to all damages, hospitalization, and the like d officers of the Department of Computer Engineering by, or accident be slight or serious, that may happen in uirements. The cause of which will be attribute to my be, and the offense of my heading to advice, warning ere read to me by my adviser before the start of the
That the consent of this waiver was read and this day of freely	d explained to me before I affix my name and signature and voluntarily.
Thank you very much!	
Yours Truly,	APPROVED
Name of Student	Name of Parent / Guardian
(Signature-Over-Printed-Name)	(Signature-Over-Printed-Name)