PARENTAL/GUARDIAN CONSENT

This is to allow our	to be physically present during
(name of son/daughter/immediate related	tive)
the ORAL DEFENSE, as scheduled within this second semester o	f AY 2020-2021. We understand the health
risks involved and we will be abiding with the health protocols	to be implemented by the Pamantasan ng
Cabuyao for this matter.	
Cabayao for this matter.	
Circustone Organ Drints d Name of Dansat / Consulting	
Signature Over Printed Name of Parent/Guardian	
Date:	