	MARIANO MARCOS STATE UNIVERSITY Student Affairs and Services	Document Code	SAS-FRM-004	
	INFORMED PARENTAL CONSENT FORM	Revision No.	2	Page 1 of 2
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## INFORMED PARENTAL CONSENT FORM

### PLEASE READ BEFORE FILLING OUT:

This form is a **mandatory requirement** for the participation of your child/ward in an official activity to be conducted/sanctioned by the Mariano Marcos State University, particularly by the college/unit to where your child/ward is currently studying. Accomplishing and filling out this form means that you are **fully aware** of the nature, importance, consequences, and incidents of the activity. Thus, you are **voluntarily and conscientiously giving your full consent** to the same.

### I. IDENTIFICATION OF PARENT/GUARDIAN

Full Name of Parent/Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email Address or Social Media Account: \_\_\_\_\_  
 Contact Number/s: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Valid Government ID attached to this form: \_\_\_\_\_


### II. IDENTIFICATION OF THE STUDENT/PUPIL

Full Name of Student: \_\_\_\_\_  
 College/Unit: \_\_\_\_\_  
 Degree/Course/Grade: \_\_\_\_\_  
 Address (if different from your residence): \_\_\_\_\_  
 Email Address or Social Media Account: \_\_\_\_\_  
 Contact Number/s: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 School ID Number: \_\_\_\_\_

### III. NATURE AND PURPOSE OF THE CONSENT *(Note: This part may be initially filled up by the sponsoring unit for your convenience. Please review thoroughly.)*

Title of the Activity: \_\_\_\_\_  
 Nature of the Activity: \_\_\_\_\_  
 Degree/Course/Grade: \_\_\_\_\_  
 Address (if different from your residence): \_\_\_\_\_

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#### IV. DISPOSITIVE STATEMENTS

- A. I acknowledge the nature, purpose, risks, benefits, and responsibilities connected to the above-stated activity. I have been given the opportunity to ask questions and request additional information about the activity.
- B. By affixing my signature over my printed name below, I am hereby **waiving my right to informational privacy granted by the Data Privacy Act (RA 10173) and other pertinent laws** in relation to the information disclosed herein.
- C. I understand that the reasonable safeguards and supervision shall be observed by school authorities and personnel in accordance with applicable laws. I assume responsibility for complying with all requirements related to the participation of my child/ward.
- D. Under the pain of perjury, I hereby attest the truthfulness of all the foregoing.

\_\_\_\_\_  
 Name and Signature of Parent/Guardian  
 Date: \_\_\_\_\_

\_\_\_\_\_  
 Name and Signature of Witness  
 Date: \_\_\_\_\_

\_\_\_\_\_  
 Name and Signature of Witness  
 Date: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ at \_\_\_\_\_,  
 affiant exhibiting to me his/her \_\_\_\_\_, and who signed said document in my  
 presence and sworn to said document that he understood the contents thereof and the same is his/her/their free  
 and voluntary act and deed.

Doc. No. \_\_\_\_\_;  
 Page No. \_\_\_\_\_;  
 Book No. \_\_\_\_\_;  
 Series of 2026

\*Please do not alter or modify this document. All information/date required must be provided correctly and accurately. This document must accompany the letter request at time the request is submitted.

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