Republic of the Philippines
City of Naga
Telephone No. (054) 4720416 Loc. 125
Fax No. (054) 4720415
OFFICE OF THE VICE PRESIDENT FOR ACADEMIC AFFAIRS

STUDENT DEVELOPMENT SERVICES OFFICE

PARENT'S PERMIT

BISCAST-Student's COPY

Date: _____

To Whom It May Concern:

This certifies that I am giving full permission to my son/daughter, _____ (Name of Participant) a _____ (Course and Year) of the College of _____ with student number _____, to join the _____ (Title of the Activity) which will be held on _____ (Date of the Activity) at _____ (Place and Venue of the Activity).

It is in my understanding that the school will exert due diligence to ensure the safety and welfare of all the participants of this activity.

Yours truly,

_____
Parent/Guardian's Signature over Printed Name
Address: _____ Contact Number: _____
_____

_____
Notary Public

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STUDENT DEVELOPMENT SERVICES OFFICE

PARENT'S PERMIT

BISCAST-SDS's COPY

Date: _____

To Whom It May Concern:

This certifies that I am giving full permission to my son/daughter, _____ (Name of Participant) a _____ (Course and Year) of the College of _____ with student number _____, to join the _____ (Title of the Activity) which will be held on _____ (Date of the Activity) at _____ (Place and Venue of the Activity).

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Yours truly,

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