

	PARENT'S/ GUARDIAN'S CONSENT	Document No.	WVSU-OSA-SOI-02-F02
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	WEST VISAYAS STATE UNIVERSITY	Date of Effectivity	October 17, 2024
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		Page no.	Page 1 of 1

_____ Address

_____ Contact Number

_____ Date

_____ Name of Faculty In-Charge

_____ Section/ Name of Student Organization

Sir/Madam:

The undersigned allows _____ (Name of Student)
to participate in _____ (Activity)
which shall be held at _____ (Place/Venue)
on _____ at _____.
(date) (time)

I have considered the benefits that my child/ward may derive from participating in this activity and/or experiences that may be gained therefrom.

_____ Signature over Printed Name of Parent/Guardian

SUBSCRIBED AND SWORN to before me this _____ at Iloilo City, Philippines, the above-person exhibiting to me his competent evidence of identity which is: _____.
(Please indicate valid government issued ID number and the date of expiry or date of issue, whichever is applicable)

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of _____.

Notes: 1. for Off- Campus Activities
2. Please prepare two (2) original copies duly signed (wet signature) by parent/guardian