**TARLAC STATE UNIVERSITY**

**OFFICE OF THE VICE PRESIDENT FOR ACADEMIC AFFAIRS**

**PARENTAL CONSENT**

 This is to certify that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent/guardian

 *(Name of Parent/Guardian)*

of ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a bonafide student of Tarlac State University

 *(Name of Student)*

grant her/him permission to undergo her/his internship/on-the-job training at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 *(Name of Company) (Start Date) (End Date)*

 I understand and agree that this training is necessary and a requirement for the completion of the degree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 *(Name of Program/Course)*

 I also certify that she/he signified to me her/his decision to undergo the on-the-job training as evidenced by her/his signature affixed below together with my own signature.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student Parent/Guardian

|  |  |  |  |
| --- | --- | --- | --- |
| ID No: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ID No: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ID Type: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ID Type: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Issued on: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Issued on: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

SUBSCRIBED AND SWORN to before me on (Month, Day, Year) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, affiants exhibited to me their competent evidence of identity under the Rules on Notarial Practice, indicated below their name

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