



Republic of the Philippines
CENTRAL LUZON STATE UNIVERSITY
Science City of Muñoz, Nueva Ecija

OFFICE OF STUDENT AFFAIRS
Student Organizations Unit

**PARENT'S / GUARDIAN'S CONSENT
ON OFF CAMPUS ACTIVITIES
CONDUCTED BY STUDENT ORGANIZATIONS**

Date: _____

Dear Parent/ Guardian,

This is to inform you that your son/daughter _____ is a member of _____, a recognized and active student organization of the university. We are requesting your permission to allow him/her to attend, join and participate in the different activities to be conducted by the said organization especially extension and community service activities. This is one way to develop our young leaders the sense of responsibility, community involvement, love of neighbors, leadership and the like.

The following activities are as follows:

PROGRAM OF WORK

_____ Semester, SY 20__ - 20__

Activity and Objectives	Clientele	Date	Venue
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Continuation....

**PARENT'S / GUARDIAN'S CONSENT
ON OFF CAMPUS ACTIVITIES
CONDUCTED BY STUDENT ORGANIZATIONS**

PROGRAM OF WORK

_____ Semester, SY 20__ - 20__

In case that you have any query or concern regarding the participation of your son/daughter please contact the following:

Organization: _____

1. Adviser/s	Contact Number
2. President	

(President)
Printed Name and Signature

(Adviser)
Printed Name and Signature

To Whom, It May Concern:

This is to certify that I am informed of the different worthwhile activities of the organization _____ and with this I am allowing my son/daughter _____ to attend, join and participate in those activities.

I further certify that I release and discharge Central Luzon State University from any liability of whatever nature.

Printed Name and Signature of Parent/Guardian