**TARLAC STATE UNIVERSITY**

 **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 further agree and affirm that Tarlac State University and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are in no way responsible nor shall they pay any amount for

 *(Name of Company)*

incidents of harm or injury that may be met by the intern during the period of the on-the-job training.

 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