



SPECIMEN SIGNATURE OF PARENTS/GUARDIAN

Document No.: FM-SHS-04-01

Effective Date: October 19, 2017

TO: PARENTS/GUARDIAN

PLEASE PRINT YOUR NAME AND SIGN THREE (3) TIMES BELOW THE PRINTED NAME

FATHER

MOTHER

GUARDIAN OTHER THAN PARENTS

(Please Specify Relationship)

Printed Name

Printed Name

Printed Name

Note: All information shall be released and used by the University only for legitimate purposes and shall be released only to authorized personnel in accordance with the Data Privacy Policy of the University