

AUTHORITY TO UPLB DORMITORY HEADS/ ASSISTANTS WAIVER & QUITCLAIM

We, the undersigned parents hereby authorize the Dormitory Head /Assistant of _____ Residence Hall to issue permits and allow those listed below **upon request of our child (name)** _____:

(See note 1 below)

- | | |
|----------|----------|
| 1) _____ | 4) _____ |
| 2) _____ | 5) _____ |
| 3) _____ | 6) _____ |

for the following limited purposes. (See note 2 below) (be specific)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

The validity of this authority, waiver and quitclaim is co-terminus with the period of stay of our child in the _____ Residence Hall. Specifically, during:

First Semester Academic Year _____	from: _____	to: _____	
	mo. day yr.	mo. day yr.	
Second Semester Academic Year _____	from: _____	to: _____	
	mo. day yr.	mo. day yr.	
MidYear Academic Year _____	from: _____	to: _____	
	mo. day yr.	mo. day yr.	

Unless communicated in writing or by email to the Office of Student Housing at osh.uplb@up.edu.ph. We may be contacted through the email provided or through our phone: +63 999 221 1483 / (049) 536 2238.

In case of any untoward incident when our child is permitted by the Dormitory Head/ Assistant as enumerated above, we assume full responsibility and accountability and therefore We hereby release and discharge, and by these presents, our heirs, successors and assigns, release and forever discharge the UPLB Dormitory Head/ Assistant, the UPLB, its officers, successors and assigns, from any and all causes of action, sums of money, accounts, damages, claims and demands of whatever nature, whether past, present or contingent against UPLB and its officers, successors and assigns.

We hereby declare that We have read and understood the content of this document prior to signing thereof and that this authority, waiver and quitclaim is made freely and voluntarily and with full knowledge of our rights and responsibilities.

Mother: _____
Printed Name & Signature
 Address: _____
 Phone No.: _____
 Email Add.: _____

Father: _____
Printed Name & Signature
 Address: _____
 Phone No.: _____
 Email Add.: _____

WITNESSES: _____
Address: _____
Address: _____

I, _____ (student), _____ years old hereby certify under penalty of Sec. 2(a) of the Rules and Regulations on Student Conduct and Disciplines³ that my parents accomplished this document and that I never in anyway altered the same after it has been signed.

Signature

1 Choose which you allow: Late permit (10PM-12MN), Overnight permit (12MN-6AM), stay with relatives/friends over the week, Early Morning Leave (Leave before end of curfew), Late Night Leave (Leave after start of curfew), Waiver for fieldwork, field trips, etc.
 2 Choose which you allow for your child: Academic requirements, student organization activities (for upperclassmen only), other student activities (e.g. quiz contest, Feb fair, educational trip/field trips), others: Dinner, Leisure trip, Review/Study outside etc.
 3 Any form of cheating in examinations or any act of dishonesty in relation to his studies – with penalty of suspension for not less than one year, barred from graduating with honors notwithstanding weighted average