

AUTHORIZATION LETTER

Date: _____

To Whom It May Concern,

I, _____, _____ years old, and with residence address at _____
(name of parent/guardian) (age) (home address)
_____, am the parent/guardian of _____, _____ years old,
(name of student) (age)
with passport number _____.

I hereby authorize Ms. Sharon R. Beligan, Filipino, 30 years old, and with residence address at Unit 209, Bldg 4 Mactan Oasis Garden Residences, Soong 1, Lapu Lapu City, Cebu 6015, to be my child/ward's guardian in the Philippine quarantine facility. Also, I am allowing my child to undergo mandatory quarantine and RT-PCR testing.

Thank you!

Signature Over Printed Name of Parent/Guardian

(contact number)