



# CEBU INTERNATIONAL ACADEMY Inc.

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## AUTHORIZATION LETTER

To Whom It May Concern:

I/We \_\_\_\_\_, and \_\_\_\_\_,  
(Name of Mother) (Name of Father)

\_\_\_\_\_ and \_\_\_\_\_ years old respectively, with residence address at \_\_\_\_\_  
(Nationality) (Age)

\_\_\_\_\_, are legal parents of \_\_\_\_\_.  
(Home address) (Name of Minor Student)

We hereby authorize **Ms. Jenvlyn F. Porlage**, Filipino, 40 years old, with residence address at CIA Building, Vistamar Avenue Street, Sitio San Roque, Barangay Mactan, Lapu-lapu City, Philippines, to be our child's guardian in the quarantine facility in the Philippines.

In addition, we are allowing our child to undergo the mandatory quarantine and RT-PCR testing in the presence of **Ms. Jenvlyn F. Porlage** as his/her guardian.

\_\_\_\_\_  
Signature over Printed Name of Mother

Date Signed: \_\_\_\_\_

Contact Number: \_\_\_\_\_

\_\_\_\_\_  
Signature over Printed Name of Father

Date Signed: \_\_\_\_\_

Contact Number: \_\_\_\_\_