

# AUTHORIZATION LETTER

To Whom It May Concern:

Mother's Name:

Father's Name:

Age:

Age:

Nationality:

Nationality:

Address:

Address:

Contact Number:

Contact Number:

I/We are legal parents of \_\_\_\_\_, \_\_\_\_\_ years old.  
(Name of Minor Student) (Age)

We hereby authorize Miss Metche Pace Alquizalas, Filipino, 30 years old, with residence  
(Name of Guardian)  
address: English Fella Educational Corporation Campus 2, Tigbao, Talamban, Cebu 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 test in the presence of  
Miss Metche Pace Alquizalas as his/her guardian.

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

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

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

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