

**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. Zenaida D. Capuyan, Filipino, 39 years old, and with residence address at #75 Purok 4, Pucsusan, Baguio City, 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)