

STATEMENT OF COMPLIANCE

IMPORTANT

THIS FORM MUST BE ACCOMPLISHED, ACKNOWLEDGED AND SIGNED BY THE STUDENT ENROLEE AND DULY SIGNED BY THE PARENT OR GUARDIAN. PLEASE RETURN THIS FORM FULLY ACCOMPLISHED AT THE OFFICE OF THE REGISTRAR UPON CLAIMING THE OFFICIAL MCM IDENTIFICATION CARD.

GENERAL INFORMATION

NAME OF STUDENT	<input style="width: 95%;" type="text"/> <small>LAST NAME</small>	<input style="width: 95%;" type="text"/> <small>FIRST NAME</small>	<input style="width: 95%;" type="text"/> <small>MIDDLE NAME</small>
NAME OF PARENT OR GUARDIAN	<input style="width: 95%;" type="text"/> <small>LAST NAME</small>	<input style="width: 95%;" type="text"/> <small>FIRST NAME</small>	<input style="width: 95%;" type="text"/> <small>MIDDLE NAME</small>
IF GUARDIAN, RELATIONSHIP	<input style="width: 95%;" type="text"/>		

CONFIRMATION & ACKNOWLEDGMENT

We, the undersigned, confirmed and acknowledged that:

- We have read, understood, agreed to, and bound ourselves to comply with the rules and regulations contained in the STUDENT HANDBOOK and other issuances of MALAYAN COLLEGES MINDANAO (MCM) which may be promulgated in the future.
- Upon admission for enrolment and during the whole period of the student's residency in the college, the student is placed under and governed by the academic and educational jurisdiction and authority of the college.
- The submission of any falsified or spurious document(s) for registration/enrolment during the student's residency in the college shall be a cause for dismissal of the student from MCM and the total fees paid by the student shall be forfeited in favor of the college.
- We are giving the Office of the Registrar the full authority to release information regarding the student's record to different offices and departments of MCM, if necessary for lawful purposes.
- We have executed and signed this STATEMENT OF COMPLIANCE freely, voluntarily, and without any mental reservations.

SIGNATURE OVER PRINTED NAME / DATE
(STUDENT)

SIGNATURE OVER PRINTED NAME / DATE
(PARENT/GUARDIAN)

AUTHORIZATION

I AM GIVING MALAYAN COLLEGES MINDANAO THE FULL AUTHORITY TO RELEASE INFORMATION REGARDING MY RECORDS ONLY TO THE FOLLOWING (PLEASE WRITE N/A WHEN THERE IS NONE)

NAME	RELATIONSHIP	SIGNATURE

STUDENT SIGNATURE OVER PRINTED NAME / DATE