

SPECIMEN SIGNATURE FORM

TO PARENTS AND/OR GUARDIANS

Please print your name and affix your signature three (3) times in the spaces provided. This form is required to be submitted by the student to the Registrar's Office prior to the start of classes in compliance with the requirements for

FATHER	MOTHER	GUARDIAN
NAME	NAME	NAME

AUTHORIZATION

I AM GIVING MAPÚA MALAYAN COLLEGES MINDANAO THE FULL AUTHORITY TO RELEASE INFORMATION REGARDING MY RECORDS ONLY TO THE FOLLOWING. **EACH AUTHORIZED INDIVIDUAL MUST BE 18 YEARS OLD OR ABOVE AND MUST PRESENT VALID GOVERNMENT-ISSUED IDENTIFICATION UPON REQUEST.** (PLEASE WRITE N/A IF THERE IS NONE)

NAME	RELATIONSHIP	SIGNATURE

STUDENT SIGNATURE OVER PRINTED NAME & DATE