



**DE LA SALLE UNIVERSITY- MANILA**  
**Center for Social Concern and Action**  
 Room 401, SPS Bldg., DLSU-Manila  
 2401 Taft Avenue, Manila



## LETTER OF PERMISSION

I am allowing my son/daughter \_\_\_\_\_, with I.D No. \_\_\_\_\_, and from Relstri Section \_\_\_\_\_ to take part in all the activities of the RELSTRI COMMUNITY SERVICE PROGRAM (CSP) supervised by the **Center for Social Concern and Action (COSCA)**, and in joint undertaking with **Theology and Religious Education Department (TRED)** of De La Salle University-Manila.

Having gathered information about the Relstri CSP (from my daughter/son and the Relstri primer), it is with my knowledge that s/he will be present and will perform well in the program, in- and off-campus. I fully understand that community service is a component of Relstri, where my child is required to render at least 12 hours of direct service. I also understand that such service is an essential part of the holistic formation of my child in keeping with the Lasallian tradition of being a resource for God and country.

He/She will be assigned in (name of center) \_\_\_\_\_, and the work will take place between \_\_\_\_\_ and \_\_\_\_\_, 200\_\_. If there are changes in schedule, I will hold my son/daughter responsible in providing me with the necessary information. I further recognize that the University through COSCA, will provide legal diligence in ensuring the safety of my son/daughter during the field deployment.

I personally guarantee that my son/daughter will fulfill his/her duties and responsibilities and will promote the good name of the University. Furthermore, s/he will be held liable for any untoward incident resulting from his/her negligence and irresponsibility.

\_\_\_\_\_  
**Signature over Printed Name of Guardian/Parent**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature over Printed Name of Guardian/Parent**

**Address of Parent/Guardian and Contact Numbers:**

\_\_\_\_\_

\_\_\_\_\_

**Parent's/Guardian's Comments/Suggestions:**

\_\_\_\_\_

\_\_\_\_\_

*Note. Please write legibly and in print. Duplicate the accomplished form: the original should be submitted to COSCA, the photocopy should be provided to your designated center coordinator.*

*Note: Please write legibly and in print. Duplicate the accomplished form: the original should be submitted to COSCA at least two days before your first scheduled visit to your center of choice; the photocopy should be provided to your designated center coordinator.*