



STUDENT RECORDS OFFICE (SRO)
COLLEGE OF SOCIAL WORK AND COMMUNITY DEVELOPMENT
UNIVERSITY OF THE PHILIPPINES-DILIMAN
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CONSENT FOR FIELD PLACEMENT AND FIELD TRIP/EXPOSURE

_____ **Date**

This is to allow my son/daughter/spouse _____
(Name of Student)

to participate in all required field placement, field trips, and field exposure that are necessary for the completion of his/her degree program.

I understand that the College and the faculty supervisor will take every precaution to ensure the safety of the student and will not hold the CSWCD, University of the Philippines, responsible for any unforeseen and untoward incident that might happen to my son/daughter/spouse in the course of the field placement and other field activities.

safety and I will not hold the CSWCD, University of the Philippines, responsible for any unseen and

CONFORME:

(Signature over Printed Name)

Name
Relationship with student

NOTED by:

College Secretary and Chairperson, ASC