RSU Form No. 05

CERTIFICATION OF GUARDIANSHIP

To: The Dormitory Manager Name of Dormitory	Date:	_						
This is to certify that the undersigned is the Guardian of Mr. I Ms	То:	The Dormitory Manager						
(Name of Student) (Course & Year) (Campus) (In the months and year) Henceforth, I assume full responsibility especially in attending to cases of emergency that may arise during the period, such as hospital admission: 1. To accompany my ward		(Name of Dormitory)						
		· This is to certify that the undersigned is the Guardian of Mr. / Ms.						
the months and year) Henceforth, I assume full responsibility especially in attending to cases of emergency that may arise during the period, such as hospital admission: 1. To accompany my ward		•		(Name of Student)				
the months and year) Henceforth, I assume full responsibility especially in attending to cases of emergency that may arise during the period, such as hospital admission: 1. To accompany my ward		, UP Visay	/as	for the period of				
Henceforth, I assume full responsibility especially in attending to cases of emergency that may arise during the period, such as hospital admission: 1. To accompany my ward		(Course & Year)		(pls. specif				
may arise during the period, such as hospital admission: 1. To accompany my ward								
2. To attend to the immediate needs of my warduntil such time his/her parents are around to assume their responsibility. 3. In case where immediate medical attention is required, I shall be reimbursed for the expenses incurred. SIGNED: CONFORME: (Signature over Printed Name of Guardian) (Signature over Printed Name of Parent) (Complete Address of Guardian) (Complete Address of Parent)	may a	* * *	•	to cases of emergency that				
his/her parents are around to assume their responsibility. 3. In case where immediate medical attention is required, I shall be reimbursed for the expenses incurred. SIGNED: CONFORME: (Signature over Printed Name of Guardian) (Signature over Printed Name of Parent) (Complete Address of Guardian) (Complete Address of Parent)	1.	To accompany my ward	to the h	nospital.				
expenses incurred. SIGNED: CONFORME: (Signature over Printed Name of Guardian) (Signature over Printed Name of Parent) (Complete Address of Guardian) (Complete Address of Parent)	2.							
(Signature over Printed Name of Guardian) (Signature over Printed Name of Parent) (Complete Address of Guardian) (Complete Address of Parent)	3.	<u> •</u>						
(Complete Address of Guardian) (Complete Address of Parent)	SIGN	NED:	CONFORME:					
(Complete Address of Guardian) (Complete Address of Parent)		(Signature over Printed Name of Guardian)	(Signature	e over Printed Name of Parent)				
		(4-8	(
Contact Number		(Complete Address of Guardian)	(Complete	e Address of Parent)				
		Contact Number						
(Landline/Mobile Phone of Guardian) (Landline/Mobile Phone of Parent)		(Londling/Mobile Phane of Cuandian)	/I - :: 11'	ao/Makila Dhana af Danan				

REPUBLIC OF THE PHILIPPINES)	
City / Municipality of)S.S

ACKNOWLEDGEMENT

	ACKI	NOWLEDGEMENT	•
The principal/s		annear	ed in person before me this
day of	, 20	, appear in the City/ Municipality of	Philippines,
presented to me an integral the signature/s thereon was,	ly complete /were volunt	instrument denominated as the Guar tarily affixed by him/her/them for the same as his/her/their free and volunta	rdian and presented to me that e purposes stated therein, and
The identity/ies of the princ	cipal/s is/are	known to me by his/her/their GIID/	s, to wit:
WITNESS MY HA	ND AND SI	EAL:	
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