

I hereby authorize Cavite State University-Imus Campus to release my information (*Full Name, Course and Date of Graduation*) to the company/institution requesting for student verification/list of graduates.

I further dismiss Cavite State University from any and all liabilities of any kind for providing such information and agree to indemnify and hold Cavite State University harmless for the release of same information.

I also acknowledge, consent, and agree that photocopies of this Letter of Authorization may be made and used as if they were original copies.

Student: _____
Signature over Printed Name