



De La Salle University
 D A S M A R I Ñ A S
 CAVITE 4115 PHILIPPINES

Office of Student Services
 Student Development and Activities Office
 Gregoria Montoya Hall Room 118
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FORM J
LETTER OF CONFORMITY

To whom it may concern:

This is to inform you that I, _____, from _____
(Name of faculty) *(Department and Position)*
 of De La Salle University- Dasmariñas have agreed to accompany _____
(Organization concerned)
 in their activity _____ to be held at _____
(Name of activity) *(Place of activity)*
 on _____. I understand that as their guardian I will take all necessary precautions
(Date of activity)

to avoid untoward incidents and to keep them safe at all times so long as such are within my control.

Signed by:

Signature over Printed Name of Faculty Member

 Date

 Contact Number