



Date: \_\_\_\_\_

**THE DIRECTOR**  
Open University  
Benguet State University  
La Trinidad, Benguet

**Madam/ Sir:**

This is to give permission to Mr./Ms. \_\_\_\_\_, an  
employee of this agency

\_\_\_\_\_  
(Name and address including email or tel. no.)

to enroll \_\_\_\_\_ this ☐ First ☐ Second  
(Course taken)

Semester, School Year 20\_\_ to 20\_\_.

**Very truly yours,**

\_\_\_\_\_  
Agency Head  
Signature over printed name

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