

AFFIDAVIT

I, _____, of legal age, and a resident of _____
_____, after having been duly sworn in accordance with law, hereby
depose and say:

1. That, I am the legal guardian/parent of the PWD Student _____,
of legal age, and a resident of _____
and hereby take full responsibility on the success of the student.
2. That, I fully understand that the platform is not fully capable in providing services to Person With
Disabilities (PWD);
3. That, I am fully responsible for the progress and whatever necessary aid that the student needs that
is out of AMAOEd's scope of services;
4. That, I am fully aware that the student enrolling for the program is PWD therefore, AMAOEd's
Technical capacity at this moment is limited and whatever unexpected circumstances that
may happen shall not be taken against AMAOEd;
5. That, I acknowledge and fully understood in behalf of the PWD student AMAOEd's University
Policies, Sanctions, and other rules and regulations.

Further Affiant sayeth none.

In order to validate legitimacy of this affidavit, I hereby affix my signature this _____ of _____,
_____ in _____ [city] , Philippines.

Signature over Printed Name

Attached also is my valid ID with the following details:

ID Type:

ID Number:

Complete name as reflected in the ID: