



Xavier University
 ATENEO DE CAGAYAN

In Consortium with
 ATENEO DE DAVAO UNIVERSITY and
 ATENEO DE ZAMBOANGA UNIVERSITY

Security Office

PERMIT-TO-STAY FORM

Please accomplish the following form and submit the printed duplicate copy to the Security Office.

Copy: Faculty Staff

Date _____

Please Print Clearly

Name:				Unit/Department			
From:	Date	To:		Date		Building:	
	Time			Time		Room Number:	
Reason(s):							
To be filled by the Immediate Supervisor / Chairperson							
<input type="checkbox"/> Approved		Remarks:					
<input type="checkbox"/> Disapproved							

 Employee's Signature

 Unit Head/Dean
 (Print Name and Signature)



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