Minor Escort Authorization

Incarcerated Person's Name_____ OID Number_____

I _____ am the parent/guardian of the following minor children:
Printed Name

_____ _____
Minor's Name Date of Birth

_____ _____
Minor's Name Date of Birth

_____ _____
Minor's Name Date of Birth

_____ _____
Minor's Name Date of Birth

I give my permission to the following person to escort the above named minor children inside of a Minnesota Corrections Facility for the purpose of visiting.

_____
Printed Name of Escort

_____ _____
Signature of Parent/Guardian Date

State of Minnesota
County of_____

Signed before me on the_____day of_____, 20____

_____
Notary Public
My commission expires:_____

Notary Seal