

# 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