

Minor Escort Authorization

Offender'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