

Permission to Allow Visitation of a Minor Child

\_\_\_\_\_ Correctional Center

I, \_\_\_\_\_ affirm that I am the legal guardian of \_\_\_\_\_, who is a child not yet of majority. Said child is \_\_\_\_\_ years of age, with a date of birth of \_\_\_\_\_. I hereby give my permission and consent for \_\_\_\_\_ to visit with Offender \_\_\_\_\_, ID# \_\_\_\_\_.

\_\_\_\_\_ will be accompanied by \_\_\_\_\_, who is of majority and will also be visiting the above named offender. I understand and have explained to \_\_\_\_\_ that all Illinois Department of Corrections Rules governing Offender visits must be complied with and any violations of Department Rules will result in immediate termination of the visit and could result in the restriction of future visits.

Please check one (only one box can be checked) :

- I understand this permission document remains in effect for 1 year from the date of the signature below.
I only give my permission and consent for \_\_\_\_\_ to visit on the following dates:

Signature of Legal Guardian: \_\_\_\_\_

Legal Guardian Contact Information:

Address: \_\_\_\_\_
Telephone: \_\_\_\_\_

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public