

Permission to Allow Visitation of a Minor Child

[Please Print]

I, _____, affirm that I am the legal guardian of _____, who is a child not of legal age. 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# _____ at _____ Correctional Center.

_____ will be accompanied by _____, who is 18 or over 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 one (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 Date

Legal Guardian Contact Information:

Address: _____ Street _____ City _____ State _____ Zip Code _____

Telephone: _____