

Minnesota Sex Offender Program
Minnesota Department of Human Services
Minor Escort Authorization

Client Name: _____

Client ID: _____

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 at the Minnesota Sex Offender Program Facility for the purpose of visiting.

Printed Name of Escort

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date