

**AUTHORIZATION FOR A MINOR TO VISIT  
STAR COMMUNITY JUSTICE CENTER**

I, \_\_\_\_\_, legal guardian of \_\_\_\_\_, a Minor, \_\_\_\_\_ years of age, understand that the above named individual is visiting a correctional facility for the purpose of visiting with \_\_\_\_\_, a resident of the facility.

Permission is granted for such visits to occur and to allow \_\_\_\_\_, to bring said minor to all visits of the above named resident.

Signature of legal guardian	Date
Address: _____	City: _____
State: _____ County: _____	Phone: _____

Comments: \_\_\_\_\_  
\_\_\_\_\_

STATE OF \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public, in and for said County and State, \_\_\_\_\_ personally appeared, known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same. IN TESTIMONY THEREFORE I have hereunto subscribed my name and affixed my seal of office the day and year last above written.

Place seal here

\_\_\_\_\_  
Signature  
My commission expires: \_\_\_\_\_