

Ohio Department of Rehabilitation and Correction  
**Authorization For Minor Child Visitation**

I certify that I am the Legal Guardian of:

<i>Child's Name</i>
<i>Child's Name</i>
<i>Child's Name</i>
<i>Child's Name</i>

I am giving permission for the following list of people to bring the above named child/children to the

\_\_\_\_\_ to visit inmate:  
*Name of Institution*

Inmate Name:	Number:
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	Name	Address/City/State/Zip	Relationship To Child
1.			
2.			
3.			
4.			
5.			

I hereby give my permission for the child/children listed above to be searched by employees of the

\_\_\_\_\_ .  
*Name of Institution*

I understand that the child/children may only visit with the people I have listed and I have enclosed a copy of the child/children's birth certificate and or custody papers. This document must be notarized prior to submission. Any changes, additions or deletions require the completion of a new form. This form must be updated annually from the date of receipt.

Parent/Guardian Name (Printed):	Date:
Parent/Guardian Signature:	Telephone Number: (     )

NOTARY STAMP

\_\_\_\_\_  
*Notary Signature*