

**AUTHORIZATION FOR MINOR TO VISIT  
SEPTA CORRECTIONAL FACILITY**

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 allow \_\_\_\_\_ to bring  
said minor to all visits of the above named resident.

Signature of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Relationship of minor to SEPTA Correctional Facility resident \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_