

**CALIENTE YOUTH CENTER  
CALIENTE, NEVADA**

**CORRESPONDENCE AUTHORIZATION**

My child, \_\_\_\_\_, has permission to write to and receive mail from, and/or place calls to and receive calls from the following individuals: You MUST specify the people whom you will permit him/her to correspond with by full legal name. Please include the complete mailing address and telephone number. If you do not include a phone number, we will assume your youth is NOT allowed to speak on the phone with that person. Please complete the specific section for each person your youth is permitted to have contact with. Any incomplete sections will not be accepted.

<u>NAME:</u>	<u>ADDRESS:</u>	<u>PHONE #:</u>	<u>RELATIONSHIP:</u>

\_\_\_\_\_  
Parent/Guardian email address

\_\_\_\_\_  
Parent/Guardian phone number

\_\_\_\_\_  
Parent/Guardian (please print)

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date