

**Nevada Youth Training Center
Elko, 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 persons: (You MUST specify the persons whom you will permit him/her to correspond with by name. We will not accept a list that says he/she may write to "anyone", or "open".) Please complete the specific section for each person your youth is allowed to have contact with. 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 include the complete mailing address.

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

Parent/Guardian (please print)

Parent/Guardian signature

Date