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To Whom It May Concern:

We _____
the lawful parents of (name): _____
born in _____ (date) _____
Passport # _____ date issued _____ Place of Issue _____
give our consent for _____
with his/her _____ for the period _____

Accompanying adult(s) are:

1)Name _____
Passport # _____ Date of Issue _____
Address _____

2)Name _____
Passport # _____ Date of Issue _____
Address _____

Any questions regarding this consent letter may be directed to:

Parent 1) _____
Phone#s _____ Fax _____
Address _____

Or
Parent 2) _____
Phone #s _____ Fax _____
Address _____

Signatures of Parents (Notarize both)

Sign _____ Print _____
Date _____ (Custodial parent _____ N/A _____)
Witness notary _____

Sign _____ Print _____
Date _____
Witness notary _____