

**OSWEGO COUNTY CORRECTIONAL FACILITY  
JUVENILE PERMISSION TO VISIT**

My son/daughter \_\_\_\_\_ who is \_\_\_\_\_ years of age, born on, has  
my permission to visit inmate, on authorized visiting days at the Oswego County  
Correctional Facility, subject to the Rules and Regulations governing visitation at said facility.

Parent/Guardian Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

\*\*\*\*\*

If the parent is **NOT** present at the Correctional Facility, then this section must be completed before a Notary Public.

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

Signature of Parent/Guardian

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If the parent **IS** present at the Correctional Facility, then this section may be completed in lieu of the above notarized section. This department reserves the right to require that all Juvenile Permission to Visit forms be notarized.

I know that a false statement herein is punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law of the State Of New York.

Affirmed under penalty of perjury this,

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature of Parent or Guardian

Signature of Witness (Corrections Staff Member)