

# Authorization Letter for Travel

Date:

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To Whom It May Concern:

I,

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Full Name of Parent/Guardian

authorize my child/ward,

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Full Name of Child/Ward

Date of Birth:

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Passport/ID Number:

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to travel to

---

Destination(s)

from

---

Departure Date

to

---

Return Date

Accompanied by (if applicable):

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Full Name(s) of Accompanying Adult(s)

Relationship to Child:

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Contact Information during Travel:

Signature of Parent/Guardian

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Printed Name

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Date

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Contact Number:

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