



Kriminalomsorgen

Oslo fengsel

## STATEMENT OF CONSENT FOR VISITORS UNDER 16 YEARS

To be completed by the parent or guardian

The visitor \_\_\_\_\_, borned \_\_\_\_\_,

is hereby granted permission to visit an inmate at Oslo prison together with the visitor

\_\_\_\_\_, borned \_\_\_\_\_.

**Name of the inmate:** \_\_\_\_\_

~~Name of parent/guardian:~~ \_\_\_\_\_

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

**Post code:** \_\_\_\_\_

**Town/City:** \_\_\_\_\_

**Identification number:** \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ (if Norwegian)  
Birth of date      Five digits

**E-mail:** \_\_\_\_\_

**Phone work | home | mobile:** \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

**Relation to the inmate:** \_\_\_\_\_

As parent/guardian I am aware that Oslo Prison will check all visitors' conduct in police records and that the prison may ask local police authorities for a professional assessment in this connection. This will be done before a decision is made whether to issue a visit permit for the purposes of visiting Oslo Prison.

The parent/guardian will be contacted during the processing of the application.

**Date and town/city:** \_\_\_\_\_, \_\_\_\_\_

**Signature:** \_\_\_\_\_

*The application may be signed digitally or by printing out the filled form and sign by hand.*

**The completed application must be either e-mailed or mailed, to:**

**E-mail:** visit@oslofengsel.no

**Mail:** Oslo fengsel, Dokumentsenteret, Postboks 694, 4305 Sandnes, Norway

*Region øst*

Postadresse: Oslo fengsel,  
Dokumentsenteret  
Postboks 694  
4305 Sandnes

Besøksadresse:  
Åkebergveien 11  
0665 Oslo

Telefon: 23 30 15 00  
Telefaks: 23 30 15 99  
Org.nr: 874718602

Saksbehandler:  
Avdelingsleder besøksavdelingen