



Kriminalomsorgen

Oslo fengsel

STATEMENT OF CONSENT FOR VISITORS UNDER 18 YEARS

To be completed by the parent or guardian

The visitor _____, borned _____,

is hereby granted permission to visit an inmate at Oslo prison.

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