

# Authorization to Bypass Parental Consent

Date:

To Whom It May Concern,

I hereby authorize the exemption of parental consent requirements for the following individual:

Full Name of Individual:

Date of Birth:

Reason for Authorization:

Authorizing Official's Name and Title:

Signature:

Date Signed:

This authorization grants the above-named individual the right to proceed without parental consent as permitted by applicable laws and regulations.

Sincerely,