

Emancipation Notification to Agencies

Date:

To Whom It May Concern,

This is to notify the following agency/department of the emancipation status of:

Full Name of Youth:	<input type="text"/>
Date of Birth:	<input type="text"/>
Case Number:	<input type="text"/>

Effective , the individual named above has been granted legal emancipation. Please update your records accordingly.

If you have any questions or require additional information, please contact:

Agency/Contact Name:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>

Sincerely,

<input type="text"/>
<input type="text"/>
<input type="text"/>