

Parental Consent Exemption Authorization

This document certifies that the minor named below is authorized for exemption from parental consent requirements in accordance with applicable laws and regulations.

Minor's Full Name:

Date of Birth:

Reason for Exemption:

Authorized By:

Date:

By signing below, the undersigned affirms that the information provided is true and accurate to the best of their knowledge.

Signature: _____

Date: _____