

MCAS IWAKUNI PARENTAL PERMISSION STATEMENT**MEMORANDUM**

Date: _____

From: _____

To: Provost Marshal

Subj: PARENTAL PERMISSION STATEMENT

Ref: (a) MCASO 5500.2V

1. エスコートで滞在する事に同意します.

2. I authorize my child to visit MCAS Iwakuni for the below purpose, escorted by the below individual, on the below date.

CHILDS NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH (DD/MM/YY) AND AGE	
DESTINATION/PURPOSE OF VISIT	DATE OF VISIT	TIME OF VISIT
ESCORTER NAME (LAST, FIRST, MIDDLE)	ESCORTER ORGANIZATION	
PARENT ADDRESS	PARENT PHONE NUMBER	

Parent:_____
Signature of Parent_____
Parent Print & Date**Pass and Registration Witness:**_____
Signature of Witness_____
Witness Name Print & Date