

FIFTH JUDICIAL CIRCUIT



BUCHANAN COUNTY JUVENILE OFFICE

4702 Green Acres Road, Saint Joseph, Missouri 64506

816-271-5580 / 816-271-5587 (fax)

I am the parent/guardian of _____ . I request that my child be allowed to receive mail from the people listed below. * Must be a parent, grandparent or sibling of the child.

APPROVED MAIL LIST

Name: _____ Street: _____
Relationship to Child: _____ City, State, Zip: _____

Name: _____ Street: _____
Relationship to Child: _____ City, State, Zip: _____

Name: _____ Street: _____
Relationship to Child: _____ City, State, Zip: _____

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Relationship to Child: _____ City, State, Zip: _____

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Name: _____ Street: _____
Relationship to Child: _____ City, State, Zip: _____

Name: _____ Street: _____
Relationship to Child: _____ City, State, Zip: _____

Parent or Guardian Print Name

Parent or Guardian Signature

Date