

Correspondence Policy—Authorization

It is the policy of Northwoods that correspondence addressed to its residents—letters, packages, and e-mail—be handled in accordance with applicable Idaho State law and U.S. Postal Service regulations.

According to Regulation 612.2 of the U.S. Postal Service’s Postal Operations Manual, a minor’s parents may control delivery of correspondence addressed to their minor child.

The undersigned parents authorized Northwoods to open and inventory packages addressed to their son to ensure the contents of a package are not detrimental to their son’s health, safety, or well being.

On the back of this authorization form, please identify those family members and individuals from whom correspondence to your son can be received.

Please inform family members and individuals approved to correspond with your son while he resides at Northwoods to address the first line of their correspondence to “NORTHWOODS”, and address the second line of the correspondence to, “ATTN: _____” .
(Name of your son)

Until this signed authorization form is returned to Northwoods, your son will not be permitted to receive correspondence. In such a circumstance, the correspondence will be returned to its sender. After your son’s admission, incoming correspondence to him will only be permitted from those family members and individuals who have been approved by you.

At the time of admission, your son will be informed that he can only receive correspondence from family members and individuals approved by you, and that his packages will be opened and reviewed to ensure the contents are not detrimental to his health, safety, or well being. In addition, **at the time of his admission**, when this policy is explained to your son he will also be asked to sign this authorization form.

The family members and individual (please include educational consultants and attorneys) identified on this form are authorized to send correspondence—both letters and packages—to our son while our son is enrolled at Northwoods.

Parent Approved Contact List

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

Parent (s) or Guardian (s) Signature:

Parent (s) or Guardian (s) Signature:

Date

Date

Name of Resident (Print)

Resident's signature at admission

This authorization is required pursuant to Section 16.06.02.578 of the Idaho rules governing standards for child care licensing.
Effective Date: March 6, 2003