

To Whom it may concern,

We, \_\_\_\_\_ and \_\_\_\_\_ ,  
(Collectively and individually, the "Parents"), residing at

\_\_\_\_\_,  
attest that we are the lawful, custodial parents of:

Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Born in \_\_\_\_\_

U.S. Passport No. \_\_\_\_\_ (Expires \_\_\_\_\_) ,

Issued in the U.S.A on \_\_\_\_\_

We, the Parents, together and individually, grant

\_\_\_\_\_ permission to travel unaccompanied to Portugal during the time period beginning \_\_\_\_\_

Please do not hesitate to contact \_\_\_\_\_ at

\_\_\_\_\_ and/or \_\_\_\_\_ at

\_\_\_\_\_ to verify the above information.

The Parents hereby certify that the foregoing is true and correct.

Parents:

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_