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| **AUTHORIZATION LETTER** | [Email] |
| Giving Permission | [Address] |
|  | [Phone] |

TO [Receiver Name] [Receiver Title]

**Subject:** Letter of Authorization for [Purpose]

Dear [Recipient's Name],

I, [Your Full Name], hereby authorize [Authorized Person's Full Name], [Authorized Person's Title/Position (if applicable)], to act on my behalf and represent me in all matters related to [Specify the purpose for which authorization is being given, e.g., financial transactions, legal matters, medical decisions, etc.].

**This authorization includes but is not limited to:**

1. Conducting transactions and signing documents related to [Specify the specific tasks and responsibilities].
2. Accessing confidential information and records pertaining to [Specify the information or records to be accessed].
3. Making decisions and communicating with relevant parties on matters concerning [Specify relevant matters or situations].

This authorization is effective from [Starting Date] and shall remain in effect until [Ending Date, if applicable]. However, I reserve the right to revoke this authorization in writing at any time.

I understand that by granting this authorization, I am entrusting [Authorized Person's Full Name] with the power to act as if they were me, and I shall accept any consequences resulting from their actions, as if they were my own.

Kindly provide [Authorized Person's Full Name] with any assistance they may require to fulfill their duties on my behalf. If necessary, they may be required to present a copy of this letter to validate their authority.

Please do not hesitate to contact me at [Your Phone Number] or [Your Email Address] should you require any further verification or information.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Full Name]

[Your Signature (if submitting a physical copy)]

[Your Date of Birth (optional, for additional identification)]

[Your ID Number (optional, for additional identification)]