**Authorization Giving Permission to Process Documents**

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| --- | --- |
| **[Sender's Name]** | [Email] |
| [Date] | [Address] |
|  | [City, State, ZIP] |

To, [Recipient's Name] [Recipient's Address] [City, State, ZIP Code]

Dear [Recipient's Name],

I, [Your Name], hereby authorize [Agent's Name], acting as my authorized agent, to process the following documents on my behalf:

[List of specific documents to be processed, e.g., contracts, forms, applications, etc.]

This authorization includes but is not limited to the following actions:

 1. Submitting documents to relevant authorities or institutions.

2. Collecting documents from your office.

3. Making any necessary inquiries or follow-ups related to the processing of these documents.

4. Signing documents on my behalf, if required.

[Agent's Name] is granted full authority to represent and act on my behalf for the purpose of processing the aforementioned documents. This authorization is valid from [start date] to [end date], unless revoked in writing before the expiration date.

I understand that [Agent's Name] will be acting as my representative and assume full responsibility for any actions taken on my behalf. In this regard, I shall hold [Recipient's Name] harmless from any liability arising from the lawful actions conducted by [Agent's Name] as my authorized representative.

Please find attached a copy of [Agent's Name]'s identification and contact details for your reference.

Thank you for your prompt attention to this matter. I trust that you will provide [Agent's Name] with all necessary cooperation and assistance during the processing of the documents.

Should you have any questions or require further information, please do not hesitate to contact me directly at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]

[Attachment: Copy of Agent's identification and contact details]