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| **Authority Letter** | [Email] |
| Relwase Information | [Address] |
|  | [Phone] |

TO [Receiver Name] [Receiver Title]

Dear [Media Company's Name],

I, [Your Name], hereby authorize [Media Company's Name] to disclose specific media-related information about me to [Third Party's Name], for the purpose of [state the purpose, e.g., media coverage, press release, etc.].

The media information to be disclosed may include but is not limited to interviews, photographs, and any other content related to my engagement with [Media Company's Name].

This authorization is valid from [start date] to [end date], unless otherwise specified or revoked in writing.

I trust that the disclosed media information will be handled with confidentiality and used solely for the designated purpose.

 If you have any questions or require additional information, please contact me at [Your Email Address] or [Your Phone Number].

Thank you for your cooperation.

Sincerely,

[Your Full Name]

[Your Signature]