

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Position]
[Company/Organization Name]
[Company/Organization Address]
[City, State, ZIP Code]

Subject: Authorization for Identification Release

Dear [Recipient's Name],

I, [Your Name], born on [Your Date of Birth], hereby authorize
[Authorized Person's Name], who is my [Relationship to Authorized
Person], to act on my behalf in retrieving my identification documents
from your office.

Details of the Identification:

- Type of Identification: [e.g., Driver's License, Passport, etc.]
- Identification Number: [Identification Number]

This authorization is valid from [Start Date] to [End Date]. I appreciate
your assistance in this matter.

Thank you for your attention to this request.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]