

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

[Recipient's Name]
[Recipient's Address]
[City, State, Zip Code]

Subject: Authorization Letter for Minor

Dear [Recipient's Name],

I, [Your Name], am the legal guardian of [Minor's Full Name], born on [Minor's Date of Birth]. I hereby authorize [Authorized Person's Name] to act on my behalf in matters pertaining to [specific activities or decisions, e.g., school enrollment, medical treatments, travel, etc.] for my child.

This authorization is effective from [Start Date] until [End Date or "until revoked in writing"].

Please find attached a copy of my identification for verification.

Thank you for your assistance.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Relationship to Minor]
[Attachment: Copy of ID]