

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

[Recipient Name]  
[Recipient's Title]  
[Company/Organization Name]  
[Company/Organization Address]  
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Authorization of Representative

I, [Your Full Name], hereby authorize [Representative's Full Name] to act as my representative in all matters related to [specific purpose or context, e.g., handling my insurance claims, managing my legal affairs, etc.]. This authorization is effective from [start date] and will remain valid until [end date or state "until further notice"].

[Representative's Full Name] is authorized to perform the following actions on my behalf:

1. [Specific Action 1]
2. [Specific Action 2]
3. [Specific Action 3]

I confirm that [Representative's Full Name] has the full right to receive and disclose information related to the above matters, and I trust their ability to represent my interests effectively.

Please contact me directly at [Your Phone Number] or [Your Email Address] if you have any questions or require further verification of this authorization.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Title (if applicable)]