

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

[Recipient Name]
[Recipient Title]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

Subject: Authorization to Access Records

Dear [Recipient Name],

I, [Your Name], hereby authorize [Authorized Person's Name] to access my records held by [Organization Name]. This authorization includes the right to review, obtain copies of, and discuss the records with the relevant personnel.

This authorization is valid from [Start Date] to [End Date].

Thank you for your cooperation.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Position, if applicable]