

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

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

Dear [Recipient Name],

I, [Your Name], hereby authorize [Authorized Person's Name] to access and obtain sensitive information on my behalf. This authorization includes but is not limited to [specify the type of sensitive information, e.g., medical records, financial information, etc.].

This authorization is valid until [expiration date, if applicable], and I understand that I have the right to revoke this authorization at any time before that date.

Please provide the necessary access and information to [Authorized Person's Name] as specified.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]