

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

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

Subject: Authorization Letter for Body-Worn Camera (BWC) Use

Dear [Recipient's Name],

I, [Your Name], the undersigned, hereby authorize [Recipient's Name/Department/Organization] to utilize the footage captured by body-worn cameras (BWC) during [insert relevant dates or event details] for the purposes of [define purpose, e.g., investigation, training, etc.]. This authorization pertains to the use and review of the recorded material in accordance with [insert any relevant policies or regulations].

Please find the pertinent details below:

- ****Authorized User:**** [Name/Department]
- ****Purpose of Use:**** [Explain purpose clearly]
- ****Validity Period:**** [Start Date] to [End Date]

If you have any questions or require further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title/Position] (if applicable)