

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Testing Facility Name]
[Facility Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I, [Your Full Name], hereby authorize [Testing Facility Name] to perform DNA testing on myself and/or my biological samples for [specific purpose, e.g., paternity testing, ancestry analysis, etc.].

I understand that the results will be confidential and used solely for the purpose indicated. I also acknowledge that I have received and understood the terms and conditions of the DNA testing process.

Please find enclosed any necessary identification and relevant information required for the testing.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]