

[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 KZAP Access

Dear [Recipient's Name],

I, [Your Name], hereby authorize [Authorized Person's Name], holding the position of [Authorized Person's Position] at [Authorized Person's Organization/Company], to act on my behalf regarding the KZAP system.

This authorization includes obtaining access, making necessary requests, and handling all related activities associated with my account.

Please provide [Authorized Person's Name] with all the necessary access and support required to fulfill this purpose.

Thank you for your attention to this matter.

Sincerely,

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