

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

[Recipient's Name]
[Recipient's Title]
[Company/Organization Name]
[Company Address]
[City, State, Zip Code]
Subject: Authorization Letter

Dear [Recipient's Name],

I, [Your Name], hereby authorize [Authorized Person's Name] to act on my behalf regarding matters related to [specific task or reason for authorization, e.g., MMD application, retrieval of documents, etc.].

This authorization is effective from [start date] to [end date].

[Authorized Person's Name] may make decisions and sign documents related to this matter during this period.

Please assist [Authorized Person's Name] as needed. If you have any questions, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your cooperation.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Job Title, if applicable]