

[Your Agency Letterhead]

[Date]

[Recipient's Name]

[Recipient's Position]

[Recipient's Organization]

[Recipient's Address]

[City, State, Zip Code]

Subject: Authorization for PCC Confirmation

Dear [Recipient's Name],

I, [Your Name], am writing to formally authorize [Agency/Individual's Name] to act on my behalf for the purpose of obtaining a Police Clearance Certificate (PCC). Below are the details of my request:

****Applicant Information:****

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Passport Number: [Your Passport Number]
- Nationality: [Your Nationality]

****Authorized Representative Information:****

- Name: [Agency/Individual's Name]
- Position: [Position of the Authorized Individual]
- Organization: [Agency's Name if applicable]
- Contact Number: [Phone Number]
- Email Address: [Email Address]

I hereby provide my consent for [Agency/Individual's Name] to make inquiries and collect my PCC from the appropriate authorities. Please do not hesitate to contact me should you require any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

[Notary Signature (if applicable)]