

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

PSA Serbilis

[Office Address]
[City, State, ZIP Code]

Subject: Authorization Letter to Request Copy of PSA Records

To Whom It May Concern,

I, [Your Name], hereby authorize [Authorized Person's Name], holding a valid ID with the number [ID Number], to act on my behalf in requesting a copy of my PSA records.

This authorization is granted for the purpose of obtaining the following records:

- [Specify the records needed, e.g., birth certificate, marriage certificate, etc.]

Please provide any necessary assistance to [Authorized Person's Name] as they retrieve these documents.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your ID Number] (if applicable)
[Relationship to Authorized Person]