

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

[Recipient Name]
[Recipient Title]
[Agency/Organization Name]
[Agency Address]
[City, State, ZIP Code]

Subject: Authorization Letter for PSA Transactions

Dear [Recipient Name],

I, [Your Full Name], of legal age, residing at [Your Address], hereby authorize [Authorized Person's Full Name], who is my [relationship to the authorized person], to act on my behalf regarding all transactions related to the Philippine Statistics Authority (PSA), including but not limited to the request for documents, collection of certificates, and any other matters pertaining to my transactions with the PSA.

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

Please provide [Authorized Person's Full Name] with all necessary assistance in carrying out these transactions.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Valid ID (if necessary)]