

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

[Recipient's Name]  
[Recipient's Address]  
[City, State, Zip Code]

Subject: Authorization Letter for PSA Document Request

Dear [Recipient's Name],

I, [Your Full Name], born on [Your Birthdate] and a resident of [Your Address], hereby authorize [Authorized Person's Full Name] to act on my behalf in all matters pertaining to the request and retrieval of my [specific PSA document, e.g., birth certificate, marriage certificate, etc.] from the Philippine Statistics Authority (PSA).

Details of the Authorized Person:

- Full Name: [Authorized Person's Full Name]
- Relationship to Me: [State your relationship, e.g., friend, relative, etc.]
- Address: [Authorized Person's Address]
- Contact Number: [Authorized Person's Phone Number]

I confirm that [Authorized Person's Full Name] is authorized to collect any information or documents related to this request and to sign any necessary documents in my name. This authorization is valid from [Start Date] to [End Date].

Attached are copies of my valid ID and the valid ID of [Authorized Person's Full Name] for verification.

Thank you for your attention to this matter. Should you have any questions, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature]  
[Your Printed Name]

Attachments:

1. Copy of [Your ID]
2. Copy of [Authorized Person's ID]