

****Authorization Letter Template****

[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

Dear [Recipient's Name],

I, [Your Full Name], born on [Your Date of Birth], and a resident of [Your Address], hereby authorize [Authorized Person's Name], who is my [relationship to you], to act on my behalf in all matters related to [specific purpose, e.g., obtaining documents from the PSA].

This authorization includes, but is not limited to, the following:

1. [Specify documents or actions authorized]
2. [Additional information if necessary]

I affirm that [Authorized Person's Name] has my full permission to perform these tasks and I hold them harmless from any liabilities that may arise from this authorization.

This letter is valid until [expiration date, if applicable] or until revoked in writing by me.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your ID Type and Number, if necessary]