

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

[Recipient's Name]
[Recipient's Position]
[Institution/Organization Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to authorize [Name of Authorized Person] to act on my behalf regarding the Tuberculosis (TB) test required for [specific purpose, e.g., employment, travel, school enrollment].

Details of the authorized person:

Name: [Name of Authorized Person]

Relationship: [Your relationship to the authorized person]

Contact Number: [Phone Number of Authorized Person]

I request that all information regarding my TB test be shared with [Name of Authorized Person]. This authorization is valid until [expiration date of authorization, if applicable].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Position, if applicable]