

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

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

Dear [Recipient Name],

Subject: Authorization for XVII

I, [Your Name], hereby authorize [Authorized Person's Name] to act on my behalf regarding matters related to XVII. This authorization includes, but is not limited to, discussions, decision-making, and access to relevant documents.

Please find attached any necessary identification and documents to verify this authorization. This authorization is valid until [End Date or Indefinite].

Thank you for your attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Position, if applicable]
[Your Organization, if applicable]

Attachments: [List of attached documents]