# Letter of Authorization

[Sender name]
[Professional title]
[Street address]
[City, State ZIP]
[Phone number]
[Email]

[Recipient name]
[Professional title]
[Street address]
[City, State ZIP]
[Phone number]
[Email]

**To Whom It May Concern,**

I, [Your Full Name], hereby authorize [Authorized Person's Full Name] to act on my behalf in matters related to [Specify the authorized actions, e.g., manage financial transactions, collect documents, etc.], effective [Start Date] until [End Date].

This authorization includes, but is not limited to:

1. [Specify Authorization Activity 1]
2. [Specify Authorization Activity 2]
3. [Specify Authorization Activity 3]

I understand that [Authorized Person's Name] will be acting as my representative during this timeframe and will have the authority to make decisions on my behalf. I trust that they will act in accordance with my best interests.

Please provide [Authorized Person's Name] with any necessary resources required to fulfill the authorized tasks.

I will not hold [Recipient's Name] or any other party involved liable for any decisions made within the scope of this authorization. If this authorization changes, I will notify you immediately.

Sincerely,

[Your Name]
[Your Contact Information: Phone Number, Email]

MM.DD.YYYY