

Beneficiary Restricted Access Authorization

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], the undersigned, hereby authorize [Beneficiary's Name] to have restricted access to the following legal documents:

- [Document Title 1]
- [Document Title 2]
- [Document Title 3]

This authorization is limited to the purpose of [state purpose] and does not grant any rights beyond this scope.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]

[Your Contact Information]