

# Authorization Letter for Claim Documentation Retrieval

Date: \_\_\_\_\_

To Whom It May Concern,

I, **[Your Full Name]**, residing at **[Your Address]**, hereby authorize **[Authorized Person's Full Name]** to retrieve any necessary documentation related to my claim with the reference number **[Claim Reference Number]**.

This authorization includes, but is not limited to, the retrieval of documents, records, and any other information pertaining to the claim specified above.

Thank you for your assistance in this matter.

Sincerely,

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[Your Signature]  
[Your Printed Name]  
[Your Contact Information]