

# Authorization Letter

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], holding [Your Position/Title] at [Your Organization], hereby authorize [Authorized Person's Name] to act on my behalf to request the reissuance of my completion certificate for [Course/Project Name].

The details are as follows:

- Full Name: [Your Full Name]
- ID/Registration Number: [Your ID/Registration Number]
- Completion Date: [Completion Date]
- Course/Project Title: [Course/Project Title]

Please contact me at [Your Phone Number] or [Your Email Address] if you require any further information.

Thank you for your assistance.

Sincerely,

[Your Signature] (if sending a hard copy)

[Your Printed Name]

[Your Position/Title]

[Your Organization]