

Third-Party Authorization for Legal Representation

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby authorize [Attorney's Full Name or Law Firm Name], of [Law Firm Address], to act on my behalf in all legal matters pertaining to [specific matter or case name].

This authorization includes, but is not limited to, the ability to communicate with relevant parties, receive and respond to documents, and represent me in any necessary proceedings regarding the aforementioned matter.

Authorizing Personal Information:

- Full Name: [Your Full Name]
- Contact Number: [Your Contact Number]
- Email: [Your Email Address]

I understand that this authorization is effective as of the date signed below and will remain in effect until [Insert End Date or Condition for Termination].

Please do not hesitate to contact me at the above address or phone number should you have any questions regarding this authorization.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]