

Consent for Document Signing

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I, [Your Full Name], hereby give my consent for the signing of the following documents:

- [Document Name 1]
- [Document Name 2]
- [Document Name 3]

I understand that this consent grants [Recipient's Name or Organization] the authority to sign these documents on my behalf. I acknowledge that I have read and understood the contents of these documents.

Thank you for your attention to this matter.

Sincerely,

[Your Printed Name]