

Confirmation of Authorization

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

This letter serves as formal confirmation that I, [Your Name], have authorized [Recipient's Name/Organization] to obtain my Social Security information. The details of the authorization are as follows:

- **Full name:** [Your Full Name]
- **Social Security Number:** [Your SSN]
- **Reason for Authorization:** [State the reason]
- **Duration of Authorization:** [Specify duration]

I understand the importance of my personal information and trust that it will be handled appropriately. If you have any questions or require further verification, please feel free to contact me at the information provided above.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]