

Authorization for Electronic Device Functionality

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], residing at [Your Address], hereby authorize [Recipient's Name or Organization] to access and perform necessary functionalities on my electronic device, [Device Type and Model], bearing the serial number [Serial Number].

This authorization is granted for the following purposes:

- [Purpose 1]
- [Purpose 2]
- [Purpose 3]

This authorization is effective from [Start Date] until [End Date].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Contact Information]