

Digital Signature Authorization for Internal Policy Updates

Date: _____

To: [Recipient's Name]

[Recipient's Position]

[Company/Organization Name]

[Address]

Dear [Recipient's Name],

I, [Your Name], hereby authorize the use of my digital signature for the purpose of signing and approving internal policy updates pertaining to [specific policies or documents]. This authorization is valid for all related documentation that requires my consent and agreement.

Details of the Authorization:

- **Authorized Individual:** [Your Name]
- **Position:** [Your Position]
- **Effective Date:** _____
- **Expiration Date:** _____ (if applicable)

Should you have any questions or require further information, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if printed)]

[Your Name]

[Your Position]

[Company/Organization Name]

[Contact Information]