

Digital Signature Authorization Letter

Date: [Insert Date]

[Your Name]

[Your Position]

[Your Company/Organization]

[Your Address]

To Whom It May Concern,

I, [Your Name], hereby authorize the use of my digital signature for the approval of project documentation associated with [Project Name]. This authorization is effective from [Start Date] to [End Date].

The digital signature will be used for the following documents:

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

I confirm that I am responsible for all actions taken with my digital signature during this period and that all authorized individuals have been informed of this authorization.

Should you require any further information or verification, please feel free to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if applicable)]

[Your Name]

[Your Contact Information]