

Granting IP Authorization

Date: [Insert Date]

[Your Name]
[Your Title]
[Your Company/Organization Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Recipient Name]
[Recipient Title]
[Recipient Company/Organization Name]
[Recipient Address]
[City, State, Zip Code]

Dear [Recipient Name],

We are pleased to inform you that we grant you authorization to use the intellectual property listed below:

- Intellectual Property Name: [Insert Name]
- Type of IP: [e.g., Trademark, Copyright, Patent]
- Reference Number: [Insert Reference Number]

This authorization is effective as of [Effective Date] and is valid until [Expiration Date]. Please ensure that any use of the intellectual property complies with the terms outlined in our agreement.

If you have any questions regarding this authorization, please feel free to contact me at [Your Email Address] or [Your Phone Number].

Thank you.

Sincerely,

[Your Name]
[Your Title]
[Your Company/Organization Name]