

# Letter of Authorization

Date: [Insert Date]

To Whom It May Concern:

We, the undersigned, hereby authorize [Social Service Agency Name] to act on our behalf in relation to all matters concerning our child, [Child's Full Name], who is currently [Child's Age] years old.

This authorization includes, but is not limited to, the ability to obtain information, make decisions, and coordinate services related to our child's welfare and support.

We understand that this authorization will remain in effect until we provide written notice of its termination.

Should you have any questions or require further information, please do not hesitate to contact us at:

Parent/Guardian Name: [Your Name]

Contact Number: [Your Phone Number]

Email: [Your Email Address]

Sincerely,

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[Your Signature]  
[Your Printed Name]

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[Other Parent/Guardian Signature if applicable]  
[Other Parent/Guardian Printed Name]