

Authorization Letter

Date: _____

To Whom It May Concern,

I, [Your Full Name], the parent/guardian of [Student's Full Name], a student at [School's Name], hereby authorize the following changes to my child's health records:

- Change 1: [Describe the first change]
- Change 2: [Describe the second change]
- Change 3: [Describe the third change]

These changes are requested to ensure that [Student's Full Name] has accurate and updated health information on file.

Please process these changes promptly. If you have any questions, feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Full Name]

[Your Relationship to the Student]

[Your Signature] (if submitting a hard copy)