

Authorization Letter for Assistance Coordination Access

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], residing at [Your Address], hereby authorize [Assistant's Name] to act on my behalf in all matters pertaining to my assistance coordination access due to my legal blindness.

This authorization includes, but is not limited to, accessing necessary services, making decisions regarding my assistance needs, and communicating with relevant agencies.

My legal blind status is documented under the following identification number: [Insert ID Number].

This authorization is effective immediately and will remain in effect until [Specify Expiration Date].

Thank you for your understanding and cooperation.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]