

Authorization for Third-Party Document Verification

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby authorize [Third Party's Name] of [Third Party's Address] to act on my behalf in the process of verifying my documents.

This authorization is granted for the following documents:

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

I understand that this authorization is valid until the verification process is complete or until I revoke it in writing.

Signature: _____

Printed Name: [Your Full Name]

Contact Information: [Your Phone Number] | [Your Email Address]