

Authorization Letter for Mobility Assistance Services

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], hereby authorize [Service Provider's Name] to act on my behalf in providing mobility assistance services for my family member, [Family Member's Full Name], who requires assistance due to [specific reason, e.g., disability, age, etc.].

Details of my family member are as follows:

- Name: [Family Member's Full Name]
- Date of Birth: [Family Member's Date of Birth]
- Address: [Family Member's Address]

This authorization includes, but is not limited to, the arrangement of transportation, mobility aids, and any necessary assistance during outings and appointments.

Please do not hesitate to contact me at [Your Phone Number] or [Your Email Address] for any further information or verification.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Full Name]

[Your Address]

[Your Phone Number]

[Your Email Address]