

Letter of Authority

Date: _____

To Whom It May Concern,

I, [Your Name], the [Your Position] at [Your Institution/Organization], hereby authorize [Recipient's Name], a student of [Course Name] at [University Name], to complete their course accomplishment requirements.

This letter serves to confirm that [Recipient's Name] has my permission to participate in any necessary activities or submissions relating to their course completion.

For further inquiries, please contact me at [Your Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Name]

[Your Position]

[Your Institution/Organization]