

Authorization for Document Retrieval

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby authorize [Authorized Person's Name] to act on my behalf in retrieving the following documents:

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

This authorization is valid until [Insert Expiration Date] and I provide my consent for the release of these documents to the authorized individual.

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]