

# Release of Document Collection Rights

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient's Name]  
[Recipient's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Release of Document Collection Rights

I, [Your Full Name], hereby release and authorize [Name of the Authorized Person/Organization] to collect documents on my behalf, pertaining to [describe the type of documents or the purpose]. This authority is effective immediately and will remain effective until revoked in writing.

Please find enclosed any necessary identification or documentation required for the collection process. Should you have any questions or require further verification, do not hesitate to contact me at the provided phone number or email address.

Thank you for your attention to this matter.

Sincerely,  
[Your Signature (if sending a hard copy)]  
[Your Name]