

Immigration Application Support Authorization

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title/Position]

[Organization/Agency Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient Name],

I, [Your Full Name], hereby authorize [Authorized Person's Full Name] to act on my behalf regarding my immigration application with [Insert Immigration Agency or Office Name]. This authorization includes the right to obtain information about the status of my application and make inquiries as necessary.

This authorization is effective as of [Insert Effective Date] and will remain in effect until I provide written notice of its revocation.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]