

Enrollment Authorization Letter

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], an authorized representative of [Your Institution/Organization Name], hereby authorize [Student's Name] to enroll in [Course/Program Name] for the academic term of [Term/Year].

Details of the Student:

- Name: [Student's Name]
- ID Number: [Student ID]
- Program: [Program Name]

This authorization is valid for the duration of the enrollment process and may be revoked at any time should it be deemed necessary.

If you require any further information or verification, please do not hesitate to contact me at [Your Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Position]
[Your Institution/Organization Name]
[Your Contact Information]