

Enrollment Authorization Letter

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], hereby authorize [Authorized Person's Name] to act on my behalf regarding my enrollment in the [Program Name] at [College/University Name].

Details of Enrollment:

- Student ID: [Your Student ID]
- Program Name: [Program Name]
- Start Date: [Start Date]
- Duration: [Duration]

This authorization is effective from [Start Date] until [End Date].

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Address]
[Your Email]
[Your Phone Number]