

Document Retrieval Authorization

Date: [Insert Date]

To: [Insert Storage Facility Name]

Address: [Insert Storage Facility Address]

Subject: Authorization for Document Retrieval

Dear [Insert Name or Title of the Person Responsible],

I, [Your Name], hereby authorize [Authorized Person's Name] to retrieve documents stored under my account at your facility on my behalf. The details of the documents are as follows:

- Document ID: [Insert Document ID]
- Document Description: [Insert Description]
- Date of Storage: [Insert Date]

This authorization is valid from [Start Date] to [End Date]. Please assist [Authorized Person's Name] in retrieving the documents listed above.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Your Phone Number]

[Your Email Address]