

# Disability Aid Authorization Letter

Date: [Insert Date]

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

[Recipient Name]  
[Agency/Organization Name]  
[Address]  
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally authorize the release of my disability aid information to [Name of the Person or Organization You Are Authorizing]. This authorization is necessary for the purpose of [briefly explain why the authorization is needed].

Please find my details below:

- Name: [Your Name]
- Date of Birth: [Your Date of Birth]
- Social Security Number: [Last four digits of your SSN]
- Disability: [Type of Disability]

This authorization will remain in effect until [Insert expiration date or condition]. If you have any questions or need further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]