

# Transportation Services Authorization Letter

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], residing at [Your Address], am writing to authorize transportation services for the following individual:

**Name:** [Resident's Name]

**Address:** [Resident's Address]

**Contact Number:** [Resident's Contact Number]

I hereby grant permission for the transportation services provided by [Transportation Service Provider] to assist [Resident's Name] with transportation needs related to medical appointments, social activities, and other outings as required.

This authorization is effective from [Start Date] to [End Date] and can be revoked at any time upon written notice.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]