

Authorization Letter

[Your Name]
[Your Address]
[City, Province, ZIP Code]
[Date]

To Whom It May Concern,

I, [Your Full Name], hereby authorize [Authorized Person's Full Name], residing at [Authorized Person's Address], to act on my behalf in claiming financial assistance from [Institution/Agency Name]. Due to [state the reason why you cannot claim the financial assistance yourself, such as medical reasons, personal obligations, etc.], I am unable to personally process and claim the said financial aid.

[Authorized Person's Full Name] will be presenting the necessary documents and identification as proof of their authorization to act on my behalf. Should there be any further requirements or verifications, please feel free to contact me at [Your Contact Number] or via email at [Your Email Address].

I fully trust that [Authorized Person's Full Name] will manage this matter responsibly and as instructed.

Thank you for your kind consideration and assistance.

Sincerely,
[Your Signature]
[Your Printed Full Name]
[Your Contact Information]

Enclosures:
Photocopy of your valid ID
Photocopy of the authorized person's valid ID
Other required documents (e.g., financial