horizontal line

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

[Recipient's Name or Organization's Name]  
[Address of the Recipient or Organization]  
[City, State, Zip Code]

Subject: Authorization to Collect Documents on My Behalf

Dear [Recipient's Name or Organization's Name],

I, [Your Name], hereby authorize [Authorized Person's Name], holding Identification Number [ID Number] and contactable at [Authorized Person's Phone Number], to collect the [Specify Documents] on my behalf. Due to [reason for inability to collect personally, e.g., prior commitments, travel, health issues], I am unable to collect the documents personally.

The documents to be collected are as follows:

* [Document 1]
* [Document 2]
* [Any additional documents]

This authorization is valid from [Start Date] to [End Date]. Please allow [Authorized Person's Name] to perform all actions necessary for the collection of the aforementioned documents. I trust that all documents will be handled with care and confidentiality.

Attached is a copy of my identification [Specify ID type, e.g., Driver’s License, Passport] and [Authorized Person's Name]'s identification for verification purposes.

Should you require any further information or clarification, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance and cooperation in this matter.

Sincerely,

[Your Signature]  
[Your Printed Name]