

## Sample Authorization to Request Records

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Date]

To Whom It May Concern,

I, [Your Name], hereby authorize [Authorized Person's Name] to request records on my behalf from [Record Provider's Name], for the purpose of [Specify Purpose, e.g., medical history, academic transcripts].

I grant permission for [Authorized Person's Name] to obtain the specified records and act as my representative in this matter.

Please consider this letter as my formal authorization to request records.

Sincerely,

[Your Signature]

[Your Printed Name]