Sample Authorization for Confidential Information

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Date]

To Whom It May Concern,

I, [Your Name], hereby authorize [Authorized Person's Name] to access and handle confidential information related to [Specify Confidential Information, e.g., financial records, proprietary data], effective from [Start Date] to [End Date], or until further notice.

I grant permission for [Authorized Person's Name] to use the necessary security measures for safeguarding the information.

Please consider this letter as my formal authorization for confidential information access.

Sincerely,

[Your Signature]

[Your Printed Name]