

Authorization Letter to Process Documents in School

[Your Name and Contact Information]

Date: [Insert Date]

Subject: Authorization to Process School Documents

To Whom It May Concern,

I, [Your Full Name], the parent/legal guardian of [Child's Full Name], a student at [School's Name], hereby grant permission and authorize [Authorized Person's Full Name] to process and handle all necessary school-related documents on behalf of my child. This includes but is not limited to:

1. Collection and submission of academic records.
2. Handling of enrollment or registration forms.
3. Liaison for school events and activities.

Details of the Authorized Person:

- Name: [Authorized Person's Full Name]
- Relationship to Student: [Relation to Child]
- Contact Number: [Authorized Person's Contact Number]
- Identification Proof: [Type of ID, e.g., Driver's License, and ID Number]

Validity: This authorization is valid from [Start Date] to [End Date].

I assure that [Authorized Person's Full Name] is fully capable and trustworthy to undertake these responsibilities. In case of any inquiries or verification, please feel free to contact me at [Your Contact Information].

Thank you for your understanding and cooperation.

Sincerely,

[Your Signature]

[Your Full Name]

[Your Contact Information]