

Email Authorization Form

This form is intended for use by company representatives to grant authorization for specific email communications. Proper completion and submission of this form ensures compliance and accountability within company operations.

Company Name:

Representative's Full Name:

Position/Title:

Authorized Email Address:

Purpose of Email Authorization:

Scope of Authorization (specific departments, individuals, etc.):

Authorization Start Date:

Authorization End Date (if applicable):

Representative's Signature:

Date Signed:

Note: All information provided in this form will be kept confidential and used solely for the purposes of verifying and processing email authorization within the company.