

Third Party Authorization Form

This **third party authorization form sample** is intended for use by government agencies to allow individuals or organizations ("Authorized Representatives") to act on behalf of an applicant or client for the purposes specified below. This ensures clear communication, legal compliance, and protection of sensitive data.

1. Applicant/Client Information

Full Name:

Identification Number (if applicable):

Address:

Phone Number:

2. Authorized Representative Information

Full Name / Organization:

Identification Number (if applicable):

Relationship to Applicant/Client:

Address:

Phone Number:

3. Authorization Details

Scope of Authorization (please describe what the representative is authorized to do):

Duration of Authorization (start and end dates):

4. Declaration and Signature

I, the undersigned, hereby authorize the above-named representative/organization to act on my behalf with respect to the matters described above. I understand that this authorization permits the government agency to share my personal information and records with the authorized representative, as necessary.

Applicant/Client Signature:

Date:

Witness or Notary (if required):

Submit Authorization