**Authorization Letter to Claim with Reason**

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Organization/Business Name]

[Address]

[City, State, ZIP Code]

Subject: Authorization Letter to Claim with Reason

Dear [Recipient's Name],

I, [Your Name], am writing to authorize [Authorized Person's Name] to claim [Specify the item or document] on my behalf. Due to [mention the specific reason, such as medical treatment, work commitments, or personal matters], I am unable to personally attend to this matter.

Details of the authorized person:

Name of Authorized Person: [Authorized Person's Name]

Relationship to the Claimant: [Authorized Person's Relationship to You]

ID/Passport Number of Authorized Person: [Authorized Person's ID/Passport Number]

Date of Birth of Authorized Person: [Authorized Person's Date of Birth]

I kindly request your understanding and cooperation in assisting [Authorized Person's Name] with the claiming process. [He/She] will present this authorization letter along with [his/her] identification for verification purposes.

If there are any additional forms or requirements, please provide them to [Authorized Person's Name]. Your assistance in this matter is greatly appreciated.

If there are any questions or concerns, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your understanding and prompt attention.

Sincerely,

[Your Full Name and Signature]