

Healthcare certificate pickup authorization

Subject: Authorization to Collect Medical Certificate

Dear Medical Records Department,

I authorize [Full Name of Authorized Person] to collect my medical certificate/training certificate on my behalf.

Patient/Participant Details:

- Name: [Your Full Name]
- Date of Birth: [DOB]
- Patient ID/Registration Number: [Number]
- Certificate Type: [Specify - CPR, First Aid, etc.]

The authorized person will provide identification and this letter for verification. Please release the certificate to them as you would to me personally.

If you have any questions, please call me at [phone number].

Thank you,

[Your Signature]

[Printed Name]

[Date]

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