**(First-Party’s name)**
(Address)

(City, Zip code)

(Date)

**NBI Clearance Center**
(Address)

(City, Zip code)

To Whom It May Concern:

I, ***(state first-party’s name)****,* do hereby authorize ***(name of authorized representative)****,* to claim and receive my NBI Clearance on *(****release date of the document****)* on my behalf due to ***(insert reason for absence).***

The representative will show to you ***(name of 2 valid IDs you will provide)*** as proof of my consent. Accompanying my valid IDs is the ***(insert the valid ID of the bearer****)* of the bearer for identification purposes.

For any concerns and questions about this transaction, you may contact me at ***(insert phone number****).*

Thank you very much and looking forward to your consideration.

Sincerely,

*(****signature over printed name****)*