

**Date:** [Insert Date]

**To:** [Name of Current Data Holder/Service Provider]

**Address:** [Address of Current Data Holder]

**Subject:** Authorization for Third-Party Client Data Transfer

To Whom It May Concern,

I, [Your Name/Principal Name], representing [Your Company Name], hereby authorize [Current Data Holder] to transfer the client data specified below to the following third-party recipient:

**Third-Party Recipient:** [Name of Receiving Company/Individual]

**Contact Person:** [Name of Contact]

**Email Address:** [Email Address]

**Purpose of Transfer:** [State reason, e.g., Migration, Analytics, Project Collaboration]

**Description of Data to be Transferred:**

[List specific data types, e.g., Client names, contact information, transaction history, project files]

**Authorization Terms:**

- This authorization is valid from [Start Date] to [End Date/Completion of Transfer].
- The data must be transferred via [Specify Method, e.g., Secure SFTP, Encrypted Email].
- The third party is authorized to use this data solely for the purpose stated above.

By signing this letter, I confirm that I have the necessary authority to grant this permission and that all relevant data privacy regulations have been considered.

Please acknowledge receipt of this authorization and notify me once the transfer is complete.

Sincerely,

[Signature]

**[Printed Name]**

**[Job Title]**

**[Company Name]**