

**CONSUMER RIGHTS REQUEST  
AUTHORIZED AGENT ACKNOWLEDGEMENT FORM**

The Authorized Agent must submit this form (or an equivalent) as proof that they have permission from the consumer to submit a request to know, correct, delete or opt-out on behalf of a consumer. Upon completion, please submit the request, and attach this completed document and submit to [privacyinfo@claritas.com](mailto:privacyinfo@claritas.com). Please indicate the request you are submitting on behalf of consumer (select one or more)

☐ Deletion                      ☐ Access                      ☐ Correct                      ☐ Opt-Out

**A. Requests to Know, Correct, or Delete**

Prior to Claritas's fulfillment of any requests to exercise the right to know, correct, or delete, Claritas requires Authorized Agents to provide proof that the consumer gave the Agent signed permission to submit the request and then complete Section C below. We also will require that a consumer verify his or her identity directly with us and directly confirm with us that they have provided authorization for the Authorized Agent to submit the request on their behalf.

**To Be Completed by the Consumer:**

On \_\_\_\_ / \_\_\_\_ / \_\_\_\_, I, \_\_\_\_\_, acknowledge that I have authorized \_\_\_\_\_ (name of Authorized Agent) to submit the following requests to Claritas on my behalf (select one or more):

☐ Deletion Request                      ☐ Access Request                      ☐ Correction Request

I hereby certify that I am the person whose name is subscribed within this Authorized Agent Acknowledgment Form as the Consumer and that below are my current, accurate full name, primary phone number, physical address and primary email address.

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

By signing below, I affirm that the foregoing paragraph is true and correct.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Alternatively, Authorized Agents may also submit a valid power of attorney under applicable state law.

**B. Requests to Opt-Out**

Prior to Claritas's fulfillment of any opt-out requests, Claritas requires Authorized Agents to provide proof that the consumer gave the Agent permission to submit the request. Please complete Section C below.

**C. To Be Completed by the Authorized Agent:**

On \_\_\_\_/\_\_\_\_/\_\_\_\_, I, \_\_\_\_\_, acknowledge that I have been authorized by \_\_\_\_\_ (name of Consumer) to submit the data request(s) selected above on his/her behalf and certify that I am the person whose name is subscribed within this Authorized Agent Form.

By signing below, I affirm that the foregoing paragraph is true and correct.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_