

**Affidavits for Authorized Agents**

**Instructions: The AUTHORIZED AGENT must complete this form or provide documentation establishing registration with the California Secretary of State.**

**Affidavit of Identity**

1. I, \_\_\_\_\_ (Full Name: First, Middle Initial, Last) do hereby declare and certify that I reside at

\_\_\_\_\_ (Street Address) in

\_\_\_\_\_ (City/Town) in the State of  
California.

2. I have been duly authorized by \_\_\_\_\_ (name of consumer) to make requests on his or her behalf, pursuant to the California Consumer Privacy Act and/or other applicable data protection law.

3. \_\_\_\_\_ (consumer name) is the registered customer for telephone number \_\_\_\_\_ and for the following email addresses:  
\_\_\_\_\_

4. I submitted Consumer Privacy Request # \_\_\_\_\_ in order to obtain information, deletion or opt-out rights on behalf of \_\_\_\_\_ (consumer's name) and at his or her direction.

I swear or affirm, under penalty of perjury, that this statement is true and correct.

\_\_\_\_\_  
Authorized Agent

Subscribed and Sworn before me this day: \_\_\_\_\_ (notary public)