



LifeLineScreening.com
California Consumer Privacy Act (CCPA)
Authorized Agent – Verification

If an Authorized Agent (as defined under the CCPA) is making a request to know, request to opt-out or request to delete pursuant to the CCPA, the Authorized Agent must provide the following information, sign this form (along with the Consumer) and upload the completed form when submitting its request.

1. Name of Authorized Agent: _____
 - a. Email address: _____
 - b. Telephone number: _____
2. Name of Consumer: _____
 - a. Please attach a copy of authorization document between Authorized Agent and Consumer
3. Authorized Agent's California Secretary of State Registration No.:

4. Details Regarding Request:
 - a. Request to Know: _____
 - b. Request to Opt-In: _____
 - c. Request to Opt-Out: _____
 - d. Request to Delete: _____

AUTHORIZED AGENT	CONSUMER
<p>By signing below, Authorized Agent confirms that the information above is accurate and that the Authorized Agent has the proper authority to make the requests herein on behalf of the Consumer identified above.</p> <p>_____</p> <p>Name: _____ Date: _____</p>	<p>By signing below, the Consumer confirms that the Authorized Agent has the proper authority to make the requests set forth above.</p> <p>_____</p> <p>Name: _____ Date: _____</p>