



**DATA SUBJECT RIGHTS
AUTHORIZED AGENT ACKNOWLEDGEMENT FORM**

The Authorized Agent must submit this form as proof that you have permission from the consumer to submit a request to know, delete or opt-out on behalf of a consumer. Upon completion, please submit your request to agents@path2response.com following the instructions outlined in our [Privacy Policy](#).

A. To Be Completed by the Data Subject:

On ___ / ___ / ___, I, _____, acknowledge that I have authorized _____ (name of Authorized Agent) to submit the following requests to Path2Response on my behalf (select one or more):

Opt-Out Request

Deletion Request

Access Request

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

Full Name: _____

Phone Number: _____

Email Address: _____

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

Signature: _____

Print Name: _____

Signature _____

Print Name _____

State of _____ [insert State]

County of _____ [insert County]



C. To Be Completed by the Authorized Agent:

On ___ / ___ / ___, I, _____, acknowledge that I have been authorized by _____ (name of Data Subject) to submit the data request selected above on his/her behalf and certify that I am the person whose name is subscribed within this Authorized Agent Notary Acknowledgment Form. If I am an authorized agent that is a company or other legal entity, I must also submit evidence with this form that the company or legal entity is registered with the secretary of state in the state where I reside.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

Signature _____

Print Name _____