



**CONSUMER RIGHTS REQUEST  
AUTHORIZED AGENT ACKNOWLEDGEMENT FORM**

The Authorized Agent must submit this form as proof that they have permission from the consumer to submit a request to know, delete or opt-out on behalf of a consumer. Upon completion, please submit the request, and attach this completed document to [agents@path2response.com](mailto:agents@path2response.com). Please indicate the request you are submitting on behalf of consumer (select one or more)

Deletion                                       Access                                       Opt-Out

**A. Requests to Know or Delete**

Prior to Path2Response’s fulfillment of any right to know or deletion requests, Path2Response 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.

**To Be Completed by the Consumer:**

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):

Deletion Request       Access 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: \_\_\_\_\_

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

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

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

State of \_\_\_\_\_ [insert State]

County of \_\_\_\_\_ [insert County]



**B. Requests to Opt-Out**

Prior to Path2Response’s fulfillment of any opt-out requests, Path2Response 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:**

*For authorized agents operating as a business, in addition to submitting this form, you must also submit a copy of a Certificate of Good Standing with your state of incorporation.*

*If you are an individual and acting as an authorized agent on behalf of a consumer, you must also submit the following documentation:*

- *A “power of attorney” signed and dated by the consumer and notarized by a notary public naming you as the consumer’s authorized representative, which includes the consumer’s full name and physical address and the consumer’s month/year of birth.*

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.

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

Signature \_\_\_\_\_

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