

Authorized Agent Consumer Privacy Request Form



This form is to be completed by an authorized agent submitting a privacy request under applicable state privacy laws (e.g., CCPA, CPRA, or other state data protection laws) on behalf of an individual. All fields marked with an asterisk (*) are required.

Section 1: Individual's Information (Data Subject)

FULL NAME *

EMAIL ADDRESS *

PHONE NUMBER *

RESIDENTIAL ADDRESS *

CITY

STATE

ZIP

TYPE OF PRIVACY REQUEST * (select one):

- ☐ Access To Personal Information
- ☐ Deletion of Personal Information
- ☐ Opt-Out Of Sale/Sharing of Personal Information
- ☐ Correction of Personal Information
- ☐ Other (Please Specify):

Section 2: Authorized Agent's Information

FULL NAME *

EMAIL ADDRESS *

PHONE NUMBER *

BUSINESS OR ORGANIZATION NAME (IF APPLICABLE)

RELATIONSHIP TO INDIVIDUAL *

(eg. attorney, parent, guardian, power of attorney)

Authorized Agent Consumer Privacy Request Form (cont'd)



Section 3: Verification of Authorization

To ensure the legitimacy of this request, the authorized agent must provide documentation or a declaration verifying their authority to act on behalf of the individual.

TYPE OF AUTHORIZATION DOCUMENTATION PROVIDED * (select one):

- ☐ Signed Power of Attorney
- ☐ Written Permission Signed by the Individual
- ☐ Court-Appointed Guardianship or Conservatorship Document
- ☐ Other (please specify):

Attachment Instructions: Please attach a copy of the authorization document or complete the declaration below. Documents can be submitted electronically compliance@alliantdata.com or via mail to:

Alliant
Attention: Consumer Privacy Team
301 Fields Lane
Brewster, NY 10509-2621

Authorized Agent Declaration

I, _____ (agent's full name), declare under penalty of perjury under the laws of the State of _____ that I am authorized to act on behalf of _____ (individual's full name) for the purpose of submitting this privacy request. I confirm that the information provided in this form is true and accurate to the best of my knowledge.

SIGNATURE *

DATE *

Authorized Agent Consumer Privacy Request Form (cont'd)



Section 4: Additional Information (Optional)

Please provide any additional details that may assist in processing this request (e.g., specific accounts, timeframes, or categories of personal information):

Submission Instructions

Please submit this completed form and any required documentation to:

Email: compliance@alliantdata.com

Mail: Attention: Consumer Privacy Team, 301 Fields Lane, Brewster, NY 10509-2621

Note: Incomplete forms or forms lacking proper authorization documentation may delay or prevent processing of the request. The company may contact the individual or agent for additional verification if needed.

Contact Information for Questions:

Alliant Cooperative Data Solutions

845-617-5500

Compliance@alliantdata.com