## **CCPA CONSUMER REQUEST FORM Submission by Authorized Agent**

If you are an agent completing on behalf of a consumer, please submit the request to <a href="mailto:AskPrivacy@Staffmarkgroup.com">AskPrivacy@Staffmarkgroup.com</a>. All written permission must include the consumer's first name, last name, email address, signature and authorization for you to act on the consumer's behalf in making the request. If the consumer has provided you with power of attorney pursuant to California Probate Code sections 4121 to 4131, you may instead upload a copy of the validly executed power of attorney naming you as the consumer's authorized representative.

Before completing your request, we will need to verify the consumer's identity. Staffmark Group may require the consumer to (1) verify their own identity directly, and (2) directly confirm they provided agent permission to submit this request If we are unable to verify the consumer's identify, the request may be denied. Requests may be denied or partially fulfilled based on applicable law. For a more detailed explanation of your rights, please visit our <a href="Privacy Policy">Privacy Policy</a>. For certain requests, a separate confirmation may be required. A confirmation will be sent to the agent and consumer email addresses.

If you are an authorized agent making a CCPA request on behalf of a California consumer, complete the consumer information below and provide the following information:

Are you submitting this request to dele	te on benait of a California consumer?
Yes	☐ No
Explain the Nature of The Request:	

If making a request to correct information, please describe the evidence establishing the alleged inaccuracy and attach any documentation to this form.

Issued by: Human Resources

Consumer Personal Information submitted to Staffmark Group:		
Email Address:		
First Name:	Last Name:	
Telephone Number:		
City:	State:	
By signing below, I, the consumer, am giving my permission to delete the requested information.		
Consumer Signature	- Date	
Authorized Agent Information:		
Agent Contact Email:		
Name:	Telephone Number:	
Authorized Agent Signature	Date	

If you are an agency completing on behalf of a consumer, please submit the request to <a href="mailto:AskPrivacy@Staffmarkgroup.com">AskPrivacy@Staffmarkgroup.com</a>