



# California Consumer Privacy Act Agent Authorization Form

This form is used to authorize an agent to submit data privacy rights requests on your behalf. In order for Gallup to comply with the request you must fill in all of the fields below.

## Represented Consumer Information

|                          |
|--------------------------|
| First Name               |
| Last Name                |
| Date of Birth            |
| Address                  |
| Telephone Number         |
| Name of Authorized Agent |

If Gallup must deliver any information to you based on the type of request, how should this information be delivered?

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## Type of Request

- ☐ Request to Access Information
- ☐ Request to Delete Information
- ☐ Request to Stop Selling My Personal Information

## Consumer Authorization

I authorize \_\_\_\_\_ as my agent for the sole purpose of submitting a verifiable consumer request on my behalf under the California Consumer Privacy Act. Additionally, my agent is permitted to request my personal information and/or to delete my personal information.

## Mailing Information

Mail us a copy of this completed form and keep the original for your own records.

Send the completed copy to:

Gallup  
ATTN: Legal Department  
1001 Gallup Drive  
Omaha, NE 68102