



**AFFIDAVIT FOR AUTHORIZED AGENT - INDIVIDUAL PERSON**

STATE OF \_\_\_\_\_ )  
 )  
COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_ , being first duly sworn, hereby state as follows:

- 1. I am over the age of 18, have personal knowledge of the facts recited herein, and would and could competently testify to the same.
- 2. I hereby verify that I am legally authorized to make a request on behalf of \_\_\_\_\_ (hereinafter "Requestee").
- 3. The enclosed Power of Attorney is a true and accurate copy; OR
- 4. If the authorization documentation is not a Power of Attorney, then I hereby verify that the enclosed document is a true and accurate copy of my authorization to request personal information on behalf of the Requestee. In addition to this documentation, I also have enclosed a true and accurate copy of the valid government-issued photo identification of the Requestee.
- 5. The attached authorization document is still in full force and effect.

I UNDERSTAND THAT THE INFORMATION PROVIDED HEREIN IS TO BE RELIED UPON BY TRINET TO RESPOND TO A DATA RIGHTS REQUEST IN ACCORDANCE WITH THE LAW.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

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