



AFFIDAVIT FOR AUTHORIZED AGENT–BUSINESS ENTITY

STATE OF _____)
)
COUNTY OF _____)

Note for Authorized Agents for California consumers under the California Consumer Privacy Act (“CCPA”): Business entities must be registered with the California Secretary of State to submit requests on behalf of a California consumer (“Requestee”) pursuant to the California Consumer Privacy Act. Other states/countries may also require registration in accordance with applicable law.

Authorized Agent Attestation

Please provide the following information about the business entity acting on behalf of the individual who is the subject of the data rights requests, (hereinafter “Requestee”) :

Agent Entity Type (check one): Corporation LLC/LP Other _____

Full Legal Entity Name: _____

Entity Number: _____

(Where required, the number assigned by the state upon registration as an Authorized Agent.)

Entity Representative Attestation:

1. I _____ (Name), _____ (Title) affirm that I am an authorized representative of the above-named entity with the authority to submit this access or deletion request on behalf of the Requestee named below.

2. I hereby verify that the enclosed authorization document is a true and correct copy.

Authorization Document Type: Power of Attorney Other

If I checked the “Other” box above, I also have enclosed a true and accurate copy of the valid government-issued photo identification of the consumer.

3. The enclosed authorization document is still in full force and effect.



Requestee Information

Please provide the following information about the Requestee on whose behalf you are submitting this request:

*all starred fields are mandatory

*First/Last Name: _____

*Street Address: _____

*City: _____ *State: _____ *Zip Code: _____

Email: _____ Phone Number: _____

Disclaimer:
TriNet or its affiliate, as applicable (the "Company") reserves the right to have Requestee confirm their identity directly with the Company for verification purposes.

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