# California Consumer Privacy Act
# Third-Party Authorization Form

Dear California Resident:

Before we can fulfill an access or deletion request made by a third-party on your behalf, the California Consumer Privacy Act (CCPA) requires us to obtain evidence that you authorize the third-party to make the request on your behalf. Please use this form to authorize a third-party to submit and receive CCPA request on your behalf.

**A. Request Type**

□ Access Personal Information □ Delete Personal Information □ Correct Personal Information

**B. Information About the Consumer Whose Information is Being Accessed or Deleted**

| | |
|---|---|
| Name (first, middle, last) | |
| Street Address | |
| City, State, Zip | |
| Phone Number | Email Address |
| California Inmate No. (the CA inmate number for you, or the person you purchased a package for from Union Supply Direct) | |

**C. Consumer Identity Verification**

Please complete at least 3 of the fields below so that we may verify your identity. For security purposes, we may deny all or part of your request if we cannot verify your identity to a reasonable degree of certainty.

1. Customer No: _____
   [*Located at the top left-hand side of your invoice*]
2. Invoice # for any order placed with Union Supply Direct within the last 12 months: _____
   [*Located at the top right-hand side of your invoice*]
3. Month and year of your last order placed with Union Supply Group: _____
4. Last 4 digits of your credit card number used to make a purchase with Union Supply Group within the last 12 months: _____
5. Check or money order number used to pay for a purchase with Union Supply Group within the last 12 months: _____

**D. Authorized Third-Party Information**

| |
|---|
| Name of Third-Party (first, middle, last) |
| Street Address |
| City, State, Zip |
| Email Address (this is the address the report will be sent to) |

**Consumer Declaration**

I am a resident of the State of California. I am the individual listed above in Section B. Please accept this notarized declaration authorizing the third-party named above in Section D to act as my representative in connection with my request to access or delete my personal information under the California Consumer Privacy Act of 2018.

Please send the requested information to the authorized third-party's email address listed above in Section D.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature: _____ Date: _____

(Must be signed in the presence of a notary)

# CALIFORNIA NOTARY ACKNOWLEDGEMENT

# (INDIVIDUAL)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____

On _____ before me, _____ (insert name and title of the officer), personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and

acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____. (Seal)