

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

**If you are an agency completing on behalf of a consumer, please submit the request to [AskPrivacy@Staffmarkgroup.com](mailto:AskPrivacy@Staffmarkgroup.com)** By signing below I am giving my permission to delete the requested information. 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. Requesting deletion of personal information does not ensure complete or comprehensive deletion as there may be circumstances in which the law does not require or permit us to delete personal information. For a more detailed explanation of the right to delete please visit our [Privacy Policy](#). Once your request is submitted, a separate confirmation will be required to confirm that consumer wants the personal information deleted. 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 delete on behalf of a California consumer?**

Yes  No

Delete all of consumer's personal information.

**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

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