**Authorized Agent Designation Form**

If you are a California resident and would like to designate an authorized agent to submit a request on your behalf in relation to your personal information, please complete this form and attach to your the Request Form.

Consumer Information

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| First Name: |
| Last Name: |
| Email address: |
| ZIP Code: |
| Your MIR4 Username (Nickname): |

Authorized Agent Information

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| --- |
| First Name: |
| Last Name: |
| Email address: |
| ZIP Code: |
| Authorized Agent’s California Secretary of State Registration Number (if applicable): |

I hereby give my authorization for the agent identified above to make the following types of requests on my behalf:

* Request to know: access to the categories of information WEMADE has collected about me, the specific pieces of personal information that WEMADE has collected about me, the categories of sources from which my personal information was collected, the categories of my personal information that WEMADE sold or disclosed for a business purpose; the categories of third parties to whom my personal information was or disclosed for a business purpose; and the business or commercial purpose for collection or selling my personal information.
* Request to delete: deletion of my personal information that WEMADE has collected.
* Request to correct: correction of my personal information that WEMADE maintains.
* Check All

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| --- |
| Please enter the details of your request |
|  |

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| --- | --- |
| Name: | Signature |
| Date: |