



AUTHORIZED AGENT ACKNOWLEDGMENT

A. To Be Completed By Data Subject:

On _____ (insert date) I, _____ (name of Data Subject/you), acknowledge that I have authorized _____ (name of authorized agent) to submit the following request(s) to Wiland, Inc., on my behalf:

- Deletion Request
- Access Request

I hereby certify that I am the person whose name is subscribed within this Authorized Agent Acknowledgment Form as the Data Subject and that below are my current, accurate full name, primary postal address and, if provided below, primary email address (Note: all information below must match the information provided to Wiland through the Wiland Privacy Choices web page or toll-free telephone number).

_____ (Full Name)

_____ (Address line 1)

_____ (Address line 2)

_____ (Email address - optional)

I certify under PENALTY OF PERJURY under the laws of the State of _____ [insert State] that the foregoing paragraph is true and correct.

Signature _____ Print

Name _____



B. To Be Completed By Authorized Agent:

On _____ (insert date) I, _____ (name of authorized agent), acknowledge that I have been authorized by _____ (name of Data Subject) to submit the data request(s) selected above on his/her behalf and certify that I am the person whose name is subscribed within this Authorized Agent Acknowledgment Form. If I am an authorized agent that is a company or other legal entity, I must also submit evidence with this form that the company or legal entity is registered with the secretary of state in the state where I reside.

I certify under PENALTY OF PERJURY under the laws of the State of _____ [insert State] that the foregoing paragraph is true and correct.

Signature _____ Print

Name _____