



## PRIVACY REQUEST AUTHORIZED AGENT FORM

**INSTRUCTIONS:** USE THIS FORM TO DESIGNATE AN AUTHORIZED AGENT TO MAKE A PRIVACY REQUEST(S) FOR YOU. COMPLETE THIS FORM AND GIVE IT TO YOUR AUTHORIZED AGENT TO SUBMIT WITH THE OURO PRIVACY RIGHTS REQUEST FORM ON YOUR BEHALF.

1. My full legal name is: \_\_\_\_\_
2. I authorize you to contact me about the request being made on my behalf, if needed, at the following:  
My Email Address: \_\_\_\_\_  
My Phone Number: \_\_\_\_\_
3. I authorize the individual identified below as my Authorized Agent to submit the Privacy Request(s) on my behalf:  
Authorized Agent's Name: \_\_\_\_\_  
First Name Last Name  
Authorized Agent's Email Address: \_\_\_\_\_  
Authorized Agent's Phone Number: \_\_\_\_\_
4. Ouro is authorized to communicate directly with the Authorized Agent in connection with the request, including but not limited to responding to such requests at the email or mailing address provided by the Authorized Agent. Ouro shall be entitled to rely upon any information or statements provided by the Authorized Agent on behalf of me, the "Requesting Party".

**FOR REQUESTING PARTY:** By signing below and submitting this Authorized Agent form, I affirm the following:

- I authorize the Authorized Agent identified above to make the following requests on my behalf (select all that apply):
  - ☐ Request to know and/or access the Personal Data collected about me
  - ☐ Request to correct the Personal Data collected about me
  - ☐ Request to delete the Personal Data collected about me
  - ☐ Request to opt-out from sharing the Personal Data collected about me
  - ☐ Request for non-discrimination
- The information provided on this form is true and accurate.
- I authorize you to process such request(s) and I understand that any responses produced in connection with a request will be sent based on the Authorized Agent's designation on this form.
- I agree to defend, indemnify, and hold Ouro harmless for any and all claims that arise against Ouro in relation to its reliance on this form or the request submitted by my Authorized Agent.

I declare under penalty of perjury under the laws of my resident State that the foregoing is true and correct:

Requesting Party's Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR AUTHORIZED AGENT:** By signing below and submitting this Authorized Agent form, I affirm that I accept this appointment.

Authorized Agent's Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_