Authorized Agent Designation

Instructions: Depending on your state of residence you may have the right to designate an authorized person or corporate entity to exercise rights granted to you under certain state privacy laws. To make this designation, you must complete and submit this form. If Learniture, LLC ("Learniture") is unable to verify the identity of the person submitting this form, we may request additional information from the person making the submission. Authorized agents that have been provided a power of attorney from a consumer may submit requests directly on behalf of that consumer. Please submit this form to Learniture via email to privacy@learniture.com.

Data Subject/Consumer Details
Full Name:
Email Address:
Mailing Address:
Date of Birth:

Authorized Agent Details
Name of Authorized Agent:
Email Address for Authorized Agent:

How should responses be provided (check one)?
- ☐ To the authorized agent (or me as custodial parent or legal guardian), or
- ☐ To me (if I am 16 years or older)

By signing below:
1. I represent that I have implemented and maintain reasonable security practices to protect the consumer's information and that I will not use the consumer's information for any purpose other than to fulfill the consumer's request.
2. I authorize the agent identified above to make the following types of request on my behalf or I am making the following types of request on behalf of my child (check one or more):
   - ☐ Requests to know about the personal information Learniture collects about you, including specific pieces of personal information collected
   - ☐ Requests to delete personal information about you
   - ☐ Requests to opt-out of sales of personal inform

Required (check one):

_____
Signature

☐ I represent I am 16 years or older and submitting this form on my own behalf to designate my authorized agent; or

_____
Printed Name

_____
Date

☐ I represent I am a custodial parent or legal guardian submitting this form on behalf of my child under the agent of 16.