*Instructions*: If you wish to designate an authorized agent to submit a request on your behalf related to your personal information, please complete this form. A signed copy of this form must be submitted to us through our designated agent page available [here](https://privacyportal-de.onetrust.com/webform/2217e117-526b-4696-8a98-8c402f8f2b81/c0e0e036-0472-4128-a2f3-c1a60226230d). Please note, if Wolters Kluwer is unable to verify the identity of the individual submitting this form (the “Requestor”), we may ask for additional information or documents for verification purposes. For more information, please see our [Privacy Policy](https://www.wolterskluwer.com/en/privacy-cookies).

1. **Requestor Information**

|  |
| --- |
| **Full Name** |
|  |
| **Contact Address** |
|  |
| **Email Address** |
|  |
| **Phone Number** |
|  |

1. **Authorized Agent Information**

|  |
| --- |
| **Full Name of Authorized Agent** |
|  |
| **Email Address of Authorized Agent** |
|  |
| **Phone Number** |
|  |
| **Authorized Agent’s California Secretary of State Registration Number[[1]](#footnote-2)** *(if applicable)* |
| **The legal basis on which you have the right to act as an Authorized Agent:** |
|  |

1. **Authorization**

I, Requestor, designate the authorized agent listed above (the “Authorized Agent”) for the sole purpose of submitting the following request(s) on my behalf (check all that apply):

[ ]  Request to delete my personal information;

[ ]  Request to access my personal information;

[ ]  Request to modify my personal information;

[ ]  Request to object to the processing of my personal information; and/or

[ ]  Request to restrict the processing of my personal information.

By signing below and submitting this Authorized Agent Designation form, I affirm the following:

* I am the Requestor whose name appears above and the information provided in this form is true and accurate.
* I understand that I may be contacted directly in order to verify my identity and confirm designation of my Authorized Agent.
* I grant the Authorized Agent permission to submit the request(s) indicated above to Wolters Kluwer on my behalf.
* I authorize Wolters Kluwer to process such request(s) and I understand that any responses produced in connection with a request to access my personal information will not be sent to my Authorized Agent, but will instead be sent directly to me at the address provided above.
* I agree to hold harmless Wolters Kluwer for any claims that arise against Wolters Kluwer in relation to its reliance on this Authorized Agent Designation form.

|  |  |
| --- | --- |
| **Signature of Requestor** | **Today’s date** (*mm/dd/yyyy*) |

1. Please note, if you are designating an entity to act on your behalf, California law requires that such entity is registered with the Secretary of State. [↑](#footnote-ref-2)