**Glen Oaks Escrow**

**California Consumer Privacy Act**

**Authorized Agent Form**

*This authorized agent form may be used to designate a natural person or business entity registered with the California Secretary of State to act on the undersigned California resident’s behalf subject to the requirements of the California Consumer Privacy Act (“CCPA”) and its implementing regulations.*

**\*\*\*\*\*\*\*\*\*\*\***

**Authorized Agent: \_\_\_\_\_ Individual \_\_\_\_\_\_ Registered Entity**

**Consumer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, [CONSUMER NAME], the undersigned, do hereby authorize [INSERT AUTHORIZED AGENT NAME] of [INSERT FIRM NAME] to act on my behalf and take all actions necessary relating to my rights under the CCPA, including submitting verifiable requests to, and communicating with Glen Oaks Escrow or one of its subsidiaries and/or affiliates.

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[CONSUMER NAME]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[DATE]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[AUTHORIZED AGENT NAME]

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[DATE]

Send the completed form to dataprivacy@glenoaksescrow.com or mail it to:

Glen Oaks Escrow

Attn: Data Privacy Program

6100 San Fernando Rd,

Glendale, CA 91201