Authorized Agent Designation Form

Instructions: If you are a resident of California and would like to designate an authorized agent to submit a request on your behalf related to your personal information, please complete this form in its entirety. A signed and notarized copy of this form must be submitted to us at the appropriate address below. Please note, if we are unable to verify the identity of the individual submitting this form (the "Requestor"), we may ask for additional information or documents to verify the identity of the Requestor. For more information, please see our <u>Privacy Policy.</u>

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If sending by mail, please use the following address:		If sending by email, please use the following address:
Caleres,	egal Department/CCPA Request , Inc. aryland Avenue s, MO 63105	ccpa@caleres.com
1. Rec	questor Information	
	Full Name	
	Mailing Address	
	Email Address	
	Phone Number	
2.	Authorized Agent Information	
	Full Name of Authorized Agent	
	Email Address of Authorized Agent	
	Phone Number	

3. Authorization

I, Requestor, designate the Authorized Agent lister request(s) on my behalf (check all that apply): ☐ Request to delete my personal information; and Request to access my personal information.	ed above for the sole purpose of submitting the following
 accurate. The Authorized Agent is a natural person of business in California. I understand that I may be contacted directly Authorized Agent. I grant the Authorized Agent permission to I authorize Caleres to process such request(s) with a request to access my personal inform be sent directly to me at the address provid The authority granted by this form will territation. 	above and the information provided in this form is true and or a business registered with the Secretary of State to conduct y in order to verify my identity and confirm designation of my submit the request(s) indicated above to Caleres on my behalf. and I understand that any responses produced in connection ation will not be sent to my Authorized Agent, but will instead ed above.
Signature of Requestor	Today's date Click here to enter a date.
4. Notary Information	
State of	County of
I,, do hereby confirm	m that on this day of, 20, the person
named, a	ppeared before me and has proven to be the individual
named in Section 2 of the preceding document, and has ack	nowledged to me that this authorization is his/her wish.
Signature of notary public	Notary seal (if state requires a seal)
Commission expiration date (mm/dd/yyyy)	
	* The notary seal must be dated within 30 days of receipt of this document by Caleres