

Privacy Consumer Request Form Submission by Authorized Agent

If you are an agent completing on behalf of a consumer, please submit the request to AskPrivacy@staffmarkgroup.com. All written permission must include the consumer's first name, last name, email address, signature and authorization for you to act on the consumer's behalf in making the request. If the consumer has provided you with power of attorney, such as pursuant to California Probate Code sections 4121 to 4131, you may instead provide a copy of the validly executed power of attorney naming you as the consumer's authorized representative.

Before completing your request, we will need to verify the consumer's identity. Staffmark Group may require the consumer to (1) verify their own identity directly, and (2) directly confirm they provided agent permission to submit this request. If we are unable to verify the consumer's identity, the request may be denied. Requests may be denied or partially fulfilled based on applicable law. For a more detailed explanation of your rights, please visit our [Privacy Policy](#). For certain requests, a separate confirmation may be required. A confirmation email will be sent to the agent's and consumer's email addresses.

If you are an authorized agent making a request on behalf of a consumer, complete the consumer information below and provide the following information:

- ☐ The consumer wishes to opt-out of communications
- ☐ The consumer wishes to have their personal information deleted
- ☐ The consumer requests to know the categories of personal information, the sources of that information or the third parties to whom the information was disclosed. (Please specify what information you would like to know about in the notes section of the form)
- ☐ The consumer requests to know the specific personal information collected in the preceding twelve months.
- ☐ The consumer requests to have information corrected. (Please specify the information that the consumer would like corrected and please upload documentation establishing the inaccuracy of the information held).
- ☐ Other request (please specify): Click or tap here to enter text.

Consumer Personal Information submitted to Staffmark Group:

First Name:

Last Name:

Email Address:

Telephone Number:

City and State:

By signing below, I, the consumer, am giving my permission to delete the requested information.

Consumer Signature _____ Date _____

Authorized Agent Information:

Name:

Agent Contact Email:

Telephone Number:

Authorized Agent Signature _____ Date _____

If you are an agency completing on behalf of a consumer, please submit the request to
AskPrivacy@Staffmarkgroup.com.