

Authorized Agent Designation Form

Instructions:

If you would like to designate an authorized agent to submit a request on your behalf related to your personal information, or if you are an authorized agent yourself, a signed copy of this form must be submitted to us. If we are unable to verify the identity of the individual about whom information is being requested (the "Requestor"), we may ask for additional information or documents for verification purposes. For more information, please see our [Privacy Policy](#).

If sending by mail, please use the following address:

One Patriot Place
Foxboro, MA 02035
Attn: Website Privacy Policy for [redacted] (specify website)

If sending by email, please use the following address:

privacy@kraftse.com
Subject line: Attn: Website Privacy Policy for [redacted] (specify website)

1. Requestor Information

Full Name
Mailing Address
Email Address
Phone Number

2. Authorized Agent Information¹

Full Name of Authorized Agent
Email Address of Authorized Agent
Phone Number
Authorized Agent's California Secretary of State Registration Number ¹ (if applicable)

3. Authorization

I, Requestor, designate the Authorized Agent listed above 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.
- 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 website indicated above on my behalf.
- I authorize the website indicated above 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.
- The authority granted by this form will terminate 90 days after the date of execution.
- I agree to indemnify the website listed above and the entity which operates it for any and all claims that arise against that website or that entity in relation to its reliance on this Authorized Agent Designation form.

Signature of Requestor	Today's date (mm/dd/yyyy)
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¹ Please note, if you are designating an entity to act on your behalf in California, California law requires that such entity is registered with the Secretary of State.