

# 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, please complete this form in its entirety. A signed copy of this form must be submitted to us at the appropriate address below.

Please note, if Unicorn Publications Corp and/or its affiliates (collectively “Unicorn Publications”) are 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 at:**

<https://www.luxuriesoflife.com/privacy/>

**If sending your Authorized Agent Designation Form by mail, please use the following address:**

Unicorn Publications Corp  
ATTN: Luxuries of Life Privacy Officer  
18575 Jamboree Road #6  
Irvine, California 92612

**If sending your Authorized Agent Designation Form by email, please use the following address:**

[privacy@luxuriesoflife.com](mailto:privacy@luxuriesoflife.com)

## Requestor Information

Full Name
Mailing Address
Email Address
Phone Number
Notes

## Authorized Agent Information

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

## 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; 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 Unicorn Publications on my behalf.
- I authorize Unicorn Publications 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 indemnify Unicorn Publications for any and all claims that arise against Unicorn Publications in relation to its reliance on this Authorized Agent Designation form.

<b>Signature of Requestor</b>	<b>Today's date</b> <i>(mm/dd/yyyy)</i>
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<sup>1</sup> 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.