

## 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 [Privacy Policy](#).

**If sending by mail, please use the following address:**

Attn: Legal Department/CCPA Request  
Caleres, Inc.  
8300 Maryland Avenue  
St. Louis, MO 63105

**If sending by email, please use the following address:**

ccpa@caleres.com

### 1. Requestor Information

<b>Full Name</b>
<b>Mailing Address</b>
<b>Email Address</b>
<b>Phone Number</b>

### 2. Authorized Agent Information

<b>Full Name of Authorized Agent</b>
<b>Email Address of Authorized Agent</b>
<b>Phone Number</b>

**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; and/or
- Request to access my personal information.

By signing below and submitting this Authorized Agent Designation form, I affirm the following:

- I am a California resident.
- I am the Requestor whose name appears above and the information provided in this form is true and accurate.
- The Authorized Agent is a natural person or a business registered with the Secretary of State to conduct business in California.
- 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 Caleres on my behalf.
- I authorize Caleres 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 Caleres for any and all claims that arise against Caleres in relation to its reliance on this Authorized Agent Designation form.

<b>Signature of Requestor</b>	<b>Today's date</b> <a href="#">Click here to enter a date.</a>
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**4. Notary Information**

State of \_\_\_\_\_ County of \_\_\_\_\_

I, \_\_\_\_\_, do hereby confirm that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the person named \_\_\_\_\_, appeared before me and has proven to be the individual named in Section 2 of the preceding document, and has acknowledged to me that this authorization is his/her wish.

<b>Signature of notary public</b>	<b>Notary seal</b> <i>(if state requires a seal)</i>
<b>Commission expiration date</b> <i>(mm/dd/yyyy)</i>	
* The notary seal must be dated within 30 days of receipt of this document by Caleres.	