Chewy.com
Authorized Agent – Verification

This form allows a Consumer ("data subject") to authorize another individual or entity ("Authorized Agent") to act on their behalf in submitting a Data Subject Access Request (DSAR) to exercise rights provided under applicable state privacy laws, such as the right to access, delete, correct, obtain a copy of, or opt of out of the sale or sharing of personal data.

1. Name of Authorized Agent: _____
    a. Email address: _____
    b. Telephone number: _____
2. Name of Consumer: _____
    a. Email address: _____
    b. Telephone number: _____
    c. State of residence: _____
3. Please attach a copy of authorization document between Authorized Agent and Consumer. *The authorization document should include the Consumer's name 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, you may attach a copy of the validly executed power of attorney.*
4. Details Regarding Request: _____
    a. Request to Know/Access: ☐
    b. Request to Correct: ☐
    c. Request to Delete: ☐
    d. Request to Opt Out: ☐

AUTHORIZED AGENT	**CONSUMER**
By signing below, Authorized Agent confirms that the information above is accurate and that the Authorized Agent has the proper authority to make the requests herein on behalf of the Consumer identified above.	By signing below, the Consumer confirms that the Authorized Agent has the proper authority to make the requests set forth above.
_____ Name: Date:	_____ Name: Date: