

**CASIO AMERICA, INC.**  
**CALIFORNIA CONSUMER PRIVACY ACT AUTHORIZATION**

If you are a California resident and want to *authorize someone else* to submit a request for information, a request to correct, and/or a request to delete on your behalf pursuant to the California Consumer Privacy Act, please complete this form and provide it to the person you are authorizing to submit a request on your behalf. They will be asked to provide the form when they submit your request.

1. My name is \_\_\_\_\_.
2. My mailing address is \_\_\_\_\_  
\_\_\_\_\_.
3. My telephone number is \_\_\_\_\_.
4. My email address is \_\_\_\_\_.
5. I am a resident of California.
6. I hereby authorize the person who is listed in paragraph 7 below to submit (select one or more):
  - request for my personal information
  - request to correct my personal information
  - request to delete my personal information
  - request to opt out of sale or sharing of my personal information
7. The following person is authorized to act on my behalf with respect to each item selected in paragraph 6.  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Telephone Number: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_