

Authorized Agent Designation Form

California and Colorado residents have the right to designate an authorized person to exercise rights granted to them under the California Privacy Rights Act (“CPRA”) or the Colorado Privacy Act (“CPA”). Please complete and submit this form. Incomplete forms or forms without proper signature will not be accepted. Authorizations are valid for one (1) year from the date of signature. Under California law, you may submit a valid power of attorney in lieu of this form.

I. Consumer Information

Your Full Name: _____

Your Date of Birth: _____

Your Shipping Address on File: _____

Your Email Address on File: _____

Your Phone Number (with Area Code): _____

II. Authorized Agent Information

Agent’s Full Name: _____

Agent’s Physical Address: _____

Agent’s Email Address: _____

Agent’s Phone Number (with Area Code): _____

III. Consumer Authorization

I authorize _____ (agent name must match above) as my agent for the sole purpose of submitting a verifiable consumer request under either the CPRA or CPA, as applicable. This agent is permitted to make a request on my behalf on Sprouts’ US Data Subject Request Form. I understand that Sprouts may contact me to verify my identity and/or authorization. I certify (or declare) under penalty of perjury that the foregoing is true and correct:

Your Signature (Consumer)	Today’s Date (MM-DD-YYYY)
Your Printed Name (Consumer)	

