



Privacy Preference Center: Authorized Agent Request Form

Fill out this form on behalf of a consumer to exercise their rights under an applicable state privacy law. Completed forms, along with copies of required documents, should be mailed to Equifax at the address below. For Right to Know / Access, Right to Correct, and Right to Delete requests, we'll notify the consumer via U.S. Mail or Email when we receive their request and fulfillment may take up to 45 days. For all other requests, we do not notify when we receive the request and fulfillment may take up to 15 days.

Please Select a Service (only one)

- Right to Know / Access:** Request to view personal information collected by Equifax within the past 12 months.
- Right to Delete:** Request that Equifax delete personal information collected from the consumer. Please note that not all personal information is subject to deletion (for example, information on the consumer's Equifax credit report is not subject to deletion rights and will not be deleted).
- Right to Correct:** Request that Equifax correct inaccurate personal information about the consumer. Equifax will delete inaccurate personal information in lieu of correcting inaccurate personal information.
- Right to Opt-Out:** Request that Equifax stop selling personal information to third parties.
- Right to Limit Use:** Request that Equifax limit the use and disclosure of sensitive personal information about the consumer.
- Right to Opt-In:** If you previously opted-out of Equifax selling the consumer's personal information, you can permit Equifax to begin selling his or her personal information to third parties.

Proof of Authorization

Include a copy of one of the following

- A copy of a signed permission form from the consumer for authorizing you to act as an Authorized Agent
- A copy of a lawfully executed and valid Power of Attorney

Right to Know / Access, Right to Correct, and Right to Delete requests

Consumer Information

First Name	Last Name	Middle Initial	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN	Date of Birth (MM/DD/YYYY)		
<input type="text"/>	<input type="text"/>		
Mobile Telephone Number	Email Address		
<input type="text"/>	<input type="text"/>		
Communication Preference (Selection One): <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Email			

You must also provide copies of the consumer's Social Security Card and Birth Certificate for Right to Know / Access, Right to Correct, and Right to Delete requests if submitted without a valid Power of Attorney.

Right to Opt-Out, Right to Limit Use, and Right to Opt-In requests

Consumer Information

First Name	Last Name	Middle Initial	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN (optional)	Date of Birth (MM/DD/YYYY) (optional)		
<input type="text"/>	<input type="text"/>		
Mobile Telephone Number (optional)	Email Address (optional)		
<input type="text"/>	<input type="text"/>		

Print and send (via U.S. mail) to:

**Equifax Information Services LLC
P.O. Box 740041
Atlanta, GA 30348**