



Authorized Agent Form

INSTRUCTIONS: If you are an authorized agent and would like to submit a request on behalf of a natural person ("Data Subject") to exercise rights granted to the Data Subject under applicable data privacy law(s), please complete this form in its entirety, including by obtaining required signatures, and send it to us at the appropriate address below.

Please note that Mobility Global may ask for additional information or documents to verify the identity of the Data Subject where needed, unless prohibited by applicable law. Authorized agents that have been provided a Power of Attorney from a Data Subject may submit requests directly. For more information, please see our [Privacy Policy](#).

If sending by email, please send to the following address:

Privacy@mobilityglobal.com

If sending by mail, please use the following address:

Mobility Global
Attn: Privacy
5860 Trinity Parkway, Suite 600,
Centreville, Virginia 20120

Data Subject Information

Full Name
Mailing Address (Residence)
Email Address
Phone Number

Authorized Agent Information

Full Name of Authorized Agent
Full Address of Authorized Agent
Phone Number

Authorization

I, Data Subject, 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;
- Request to **access** my personal information;
- Request to **correct** my personal information;
- Request to **restrict processing** of my personal information;
- Other request (please describe):

By Signing below and submitting this Authorized Agent Form, I affirm the following:

- I am the Data Subject 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 the jurisdiction that I am resident.
- I understand that I may be contacted directly in order to verify my identity and confirm designation of the Authorized Agent.
- I grant the Authorized Agent permission to submit the request(s) indicated above to S&P Global on my behalf.
- I authorize Mobility Global to process such request(s) and I understand that any responses produced in connection with a request to access my personal information may not be sent to my Authorized Agent but will instead be sent directly to me.
- The authority granted by this form will terminate 90 days after the date of execution.
- I agree to indemnify Mobility Global for any and all claims that arise against Mobility Global in relation to its reliance on this Authorized Agent Designation form.

Signature of Data Subject	Today's Date
Printed Name of Data Subject	