

Authorized Agent Designation Form

Instructions: If you are a resident of California and would like to designate an authorized agent to submit a request on your behalf related to your personal information, please complete this form in its entirety. A signed copy of this form must be attached to the [Request Form](#).

Please note, if Sephora is unable to verify the identity of the individual submitting this form (the "Data Subject"), we may ask for additional information or documents for verification purposes. For more information, please see our [Privacy Policy](#).

1. Data Subject Information

Full Name of Data Subject
Mailing Address of Data Subject
Email Address of Data Subject
Phone Number of Data Subject

2. Authorized Agent Information

Full Name of Authorized Agent
Email Address of Authorized Agent
Phone Number of Authorized Agent
Authorized Agent's California Secretary of State Registration Number¹ (if applicable)

3. 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; and/or
- Request to access my personal information.

By signing below and submitting this Authorized Agent Designation form, I affirm the following:

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

Signature of Requestor	Today's date (mm/dd/yy)
Print name	

¹ Please note, if you are designating an entity to act on your behalf, California law requires that such entity is registered with the Secretary of State.