

Authorized Agent Designation Form

INSTRUCTIONS: : If you are an individual and would like to designate an authorized agent to submit a request to exercise rights granted to you under applicable data privacy law(s) (including, but not limited to, the *California Consumer Privacy Act* [“CCPA”]; the *California Privacy Rights Act* [“CPRA”], and the *General Data Protection Regulation* [GDPR]) please complete this form in its entirety, sign it, and send it to us at the appropriate address below.

Please note, if S&P Global is unable to verify the identity of the individual submitting this form (the “Data Subject”), we may ask for additional information or documents to verify the identity of the Data Subject. 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 mail, please use the following address:

Privacy Compliance Team
S&P Global Inc.
55 Water Street
New York, NY 10041

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

Privacy@spglobal.com

1. Data Subject Information

Full Name
Mailing Address (Residence)
Email Address
Phone Number

2. Authorized Agent Information

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

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;
- Request to **access** my personal information;
- Request to **correct** my personal information;
- Request to **restrict processing** of my personal information;

By Signing below and submitting this Authorized Agent Designation 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 S&P Global 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.
- The authority granted by this form will terminate 90 days after the date of execution.
- I agree to indemnify S&P Global for any and all claims that arise against S&P Global in relation to its reliance on this Authorized Agent Designation form.

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