

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 and notarized copy of this form must be submitted to us at the appropriate address below. Please note, if we are unable to verify the identity of the individual submitting this form (the "Requestor"), we may ask for additional information or documents to verify the identity of the Requestor. For more information, please see our [Privacy Policy](#).

If sending by mail, please use the following address:

Attn: Legal Department/CCPA Request
Caleres, Inc.
8300 Maryland Avenue
St. Louis, MO 63105

If sending by email, please use the following address:

ccpa@caleres.com

1. Requestor Information

Full Name
Mailing Address
Email Address
Phone Number

2. Authorized Agent Information

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

