QuietTrace Authorization to Consent

I authorize QuietTrace to act on my bel	half in	submittir	ng data rem	oval and	d privac	y requests	s to data
brokers and people-search websites.	This	includes	submitting	opt-out	forms,	account	removal
requests, and related privacy inquiries as needed.							
Client Full Name:							
Client Email Address:							
Cheff Linai Address.							
Phone Number:							
Aliases (if applicable):							
у шасос (п аррисало).							
Household Members Included (if any):							
Client Signature:		<u>D</u> ate:					