



## **PROOF OF PERMISSION INSTRUCTIONS**

In order to process a California Consumer Protection Request submitted by an individual acting as an Authorized Agent, we must have written authorization from the consumer giving you permission to act on their behalf. To provide proof of permission, you may do one of the following:

1. Fill out the form on page 2 of this document and return to Honda Financial Services per the instructions on the form
2. Mail a copy of a Power of Attorney document or other form of written permission to:

AHFC Privacy  
1919 Torrance Blvd Suite 8C  
Torrance CA, 90501

3. Fax a copy of a Power of Attorney document or other form of written permission to:

310-222-7014  
Attn: AHFC Privacy

For faster processing, please include the Reference Number provided when submitting the request. We will process your request within 45 days of receiving your proof of permission.



Date: \_\_\_\_\_

**AUTHORIZATION TO RELEASE PERSONAL INFORMATION**

For the purpose of completing my California Consumer Privacy request, I request and authorize American Honda Finance Corporation to release my information by mail or email to:

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I authorize the release of my account information, to the person(s) listed above. This authorization will be in effect until it is revoked by me.

Account Holder Name: \_\_\_\_\_

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

California Consumer Privacy Request Number (if known): \_\_\_\_\_

Account Number (if applicable): \_\_\_\_\_

Honda or Acura Care Contract Number (if applicable): \_\_\_\_\_

Product Serial Number (if applicable): \_\_\_\_\_

17 digit VIN (if applicable): \_\_\_\_\_

Please send your completed form by mail or fax:

Mail to:  
AHFC Privacy  
1919 Torrance Blvd. Suite 8C  
Torrance CA, 90501

Fax to:  
310-222-7014  
Attn: AHFC Privacy