

California Consumer Privacy Act Request Form

As a California Resident, you may complete this form to submit a request under the California Consumer Privacy Act (CCPA). If you are unable to complete this form for any reason or have questions, please contact us at 1-800-651-1800.

This page describes the information we need, the information types you may request from us, and how we will verify your identity in order to respond or process your request.

Your Rights as a California Resident

As a California resident, you have the following rights over personal information subject to the CCPA:

- To know:
 - The categories of personal information we collected about you
 - The categories of sources of your personal information we collected
 - Our business or commercial purpose for collecting your personal information
 - The categories of third parties to whom we share your personal information
 - The specific pieces of personal information we have collected about you
 - The categories of personal information we have disclosed about you for a business purpose
 - The categories of persons to whom we have disclosed personal information for a business purpose
- To request deletion of your personal information (excluding legal and business exceptions)
- To request correction of your personal information
- To limit use and disclosure of sensitive personal information
- To opt out of the sale or sharing of personal information. Please note that we do not sell your personal information.

Verification Process

In order to verify your identity with your request, we may require the following information from you:

- Request to Know Categories Report – name, email address, and home address
- Request to Know Specific Pieces Report – name, email address, home address, last 4 of SSN, date of birth, and a verification under the penalty of perjury
- Request to Delete – name, email address, home address, last 4 of SSN, date of birth, and a verification under the penalty of perjury
- Request to Correct - name, email address, home address, last 4 of SSN, date of birth, and a verification under the penalty of perjury

Please indicate which request(s) you would like to make:

- Request to Know Categories of Personal Information
- Request to Know Specific Pieces of Personal Information
- Request to Delete
- Request to Correct

- Request to limit the use and disclosure of sensitive personal information
- Request to opt out of the sharing of personal information

First Name: _____

Last Name: _____

Email: _____

State: _____

Are you an authorized agent submitting this request on behalf of someone else:

- Yes
- No

If so, please provide either (a) the written permission of the consumer to make this request on their behalf, or (b) a power of attorney signed by the consumer designating you to act on their behalf. If you are a lawyer representing the individual, please provide written authorization on your official letterhead.

I certify, under penalty of perjury, that the provided information is true and correct and that I am the consumer or their authorized agent, whose personal information is the subject of the request.

Signature