

Verifiable Consumer Request Form

Full legal name: _____

Date of Birth: ___ / ___ / _____

Home Address: _____

City: _____ State: _____ Zip: _____

Today's Date: ___ / ___ / _____

What type of request is this? Please mark one of the below:

Access request _____ Data Portability request _____ Deletion Request _____

Further, please explain your request in detail:

What advertisement or marketing material did you observe that prompted this request? Please explain in detail, including the date of such occurrence:
