

First name: *		Last name: *	
Email associated with account: *		Contact email if different than account email:	
I would like to exercise my right to: *		Where do you live? *	
	Access My Data		State of California (USA)
Circle only one:	Delete My Data	Circle only one:	State of Virginia (USA)
	Receive Copy of My Data		European Union (EU)

*Required fields

- □ Under penalty of perjury, I certify that the information I have provided above is true and correct and that I am the person whose name appears above.
- □ I have reviewed the Right to Deletion section of the privacy policy on the <u>www.iprepped.com</u> website, and understand when my data may be unable to be deleted.

Account Holder Signature

Date