

**MDC/VuPoint Research  
California Consumer  
Personal Information Request Form**

*I confirm that I am a California consumer as defined in section 1798.140(g) of the California Consumer Privacy Act.*

Please check the applicable box	Personal Information Request	Verification
<input type="checkbox"/>	Please disclose the categories of Personal Information that MDC/VuPoint Research currently retains about me.	<p>Any of the following pieces of information may be provided below to fulfill your request: Name, physical address, email address, date of participation in last study, birthday, or phone number.</p> <p>We reserve the right to ask for additional pieces of information to fulfill your request.</p> <p>1. _____ _____</p> <p>2. _____ _____</p> <p>(2 pieces of information required)</p>
<input type="checkbox"/>	Please disclose the specific pieces of Personal Information that MDC/VuPoint Research currently retains about me.	<p>1. _____ _____</p> <p>2. _____ _____</p> <p>3. _____ _____</p> <p>(3 pieces of information required)</p>
<input type="checkbox"/>	Please delete my personal information.	<p>1. _____ _____</p> <p>2. _____ _____</p>

		<hr/> 3. <hr/> <hr/> (3 pieces of information required)
--	--	---

I declare under penalty of perjury that **I am the consumer whose personal information is the subject of this request** and whose information is contained within it.

Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Age: \_\_\_\_\_

I declare under penalty of perjury that **I am the authorized agent of the consumer whose personal information is the subject of this request.** A notarized statement containing my signature and the signature of the consumer I represent is attached to confirm my authority to make this request.

Agent Printed Name: \_\_\_\_\_  
Agent Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Age of Consumer: \_\_\_\_\_

**How would you like to receive the information you have requested:**

- Email
- Mail

**Please provide the address where we should send the requested information:**

Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
\_\_\_\_\_