

CALIFORNIA CONSUMER PRIVACY ACT REQUEST

Your Name: _____

Your Address: _____

Your Email Address: _____

Your Telephone Number: _____

Requestor Type (Check One): Person Making the Request is a

- Current/former client of Aplos
- Donor
- General consumer
- Authorized Agent
- Parent/Legal Guardian making a request on behalf of a minor child

Type of Request:

- Know Personal Information Collected, Disclosed, or Sold
- Delete Personal Information

If you are exercising a Right to Know Request, what are you requesting?

- Categories of Personal Information
- Specific Pieces of Personal Information
- Both Categories and Specific Pieces of Personal Information

Please provide the below information about the consumer who is making the request (or if you are an agent/parent/legal guardian, on behalf of whom you are making this request) so that we may use the information to verify the consumer's identity.

Consumer's Name: _____

Consumer's Address: _____

Consumer's City of Residence: _____

Consumer's State of Residence: _____

Consumer's Zip Code _____

Consumer's Telephone Number: _____

Consumer's Email Address: _____