**CALIFORNIA CONSUMER PRIVACY ACT REQUEST FORM**

Name:

Address:

Email:

Phone:

Preferred method of contact:

Please briefly describe the Services you are receiving from Vector Solutions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How are you receiving Services from Vector Solutions?

[ ] Through my school district, college, or university:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of school district, college, or university)

[ ] Through my employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of Employer)

[ ] Purchasing directly

[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you making this request on your behalf? Y/N

(If yes, skip to “What are you requesting?”; if no, move to next question)

The name of the person on whose behalf you are making this request:

That person’s address:

That person’s email:

That person’s phone number:

What are you requesting? (Check the box)

□ To know the categories of personal information collected, processed and/or shared within the previous 12 months

□ To access the specific pieces of personal information we have collected, processed and/or shared within the previous 12 months

□ To delete my personal information

Please submit at the following email address privacy@vectorsolutions.com or (2) at the following mailing address:

**Vector Solutions**

**Attention: Chief Information Officer – Privacy Inquiry**

**4890 W. Kennedy Boulevard, Suite 300**

**Tampa, FL 33609**