

# Submission Form for Request to Know & Delete Personal and/or Household Information



Member Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

If you are not the Consumer making the request but rather an authorized agent of the Consumer, please state your full name:

Are you a member of LAPFCU?  Yes  No

If you marked "yes" above, please provide your membership number: \_\_\_\_\_

Please select all of the following that apply to your request:

Type of Request:

## 1) Request to Know (please check all that apply to your request):

- Categories of Personal Information
- Categories of Sources of Collection
- Business or Commercial Purpose for Collecting or Selling Information
- Categories of Third Parties with Whom Information is Shared
- Specific Pieces of Information

Does your request include household information?  Yes  No

## 2) Request to Delete Personal Information? Yes No

Does your request include household information?  Yes  No

**Household Information Requests:** If you check "yes" next to your request to know personal information, you are asking to provide information collected about everyone who resides with you. If you checked "yes" next to your request to delete personal information, you are asking us to delete not only your personal information but also the personal information of all of the members of your household.

To process this request, we need you to provide the names, date of birth, and the postal address of your residence. Please complete the information in the following table:

**Household Address:** \_\_\_\_\_

### Household Members (including yourself)

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

We will need to verify your identity and (if applicable) the identity of all the members in your household to respond to your request. Within 10 days of your submission of this form, we will notify you of what we will need to verify your identity and the members of your household (if applicable).

If you do not have a password-protected account with us, and if we are able to verify everyone in your household, we will only respond to a request to know or request to delete as it pertains to household personal information by providing aggregate household information.

If all of the consumers of your household jointly request access to specific pieces of information for the household or the deletion of household information, and if we are able to individually verify all the members of the household subject to our verification requirements, then we will comply with this request.

**If you are an authorized agent for the above referenced consumer, we will request a copy of your government issued identification card, and the source of your authority to act on behalf of the consumer (e.g., POA, letters of conservatorship, written instructions, etc.). Additional details will be provided to you regarding what we need to verify you and your request within 10-days of your submission of this form.**