

## 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 FocusVision

Current/former research project participant

General consumer but not a client or research participant

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:**