Consumer Privacy Rights Request Form

Privacy Rights Request and Opt-Out Form

Instructions: Please complete this form to exercise your privacy rights under applicable state privacy laws and submit it via email to contracts@ntnusa.com. We may need additional information to verify your identity before processing your request.

Requester Information

Full Name: _____

Email Address: _____

Phone Number (optional): _____

Mailing Address (optional):

State of Residence: _____

Relationship to Company:

☐ Customer

☐ Employee

☐ Applicant

☐ Vendor/Contractor

☐ Website Visitor

☐ Other: _____

Authorized Agent Requests

Are you submitting this request as an authorized agent for another individual?

☐ No

☐ Yes

If yes:

Consumer's Name: _____

Consumer's Email: _____

Please attach documentation demonstrating authority to act on behalf of the consumer.

Privacy Rights Request

Select the request(s) you wish to submit:

Opt-Out Rights

☐ Opt me out of the sale of my personal information.

☐ Opt me out of the sharing of my personal information for cross-context behavioral advertising / targeted advertising.

☐ Opt me out of profiling in furtherance of decisions that produce legal or similarly significant effects.

Access and Disclosure Rights

☐ Provide a copy of the personal information you maintain about me.

☐ Provide categories of personal information collected about me.

☐ Provide categories of sources from which my personal information was collected.

☐ Provide categories of third parties to whom my personal information was disclosed.

☐ Provide categories of personal information disclosed, sold, or shared.

Correction Rights

☐ Correct inaccurate personal information.

Please describe the information you believe is inaccurate:

Deletion Rights

☐ Delete my personal information, subject to legal exceptions.

Data Portability Rights

☐ Provide my personal information in a portable and readily usable format.

Sensitive Personal Information

☐ Limit the use and disclosure of my sensitive personal information to purposes permitted by law.

Appeal Request (for states that require appeals)

☐ I wish to appeal a prior denial of a privacy rights request.

Request Reference Number (if known): _____

Reason for Appeal:

Communications Preference

How would you like us to respond?

☐ Email

☐ Mail

☐ Phone

Attestation

I certify that the information provided in this request is accurate and that I am the consumer identified above or an authorized agent acting on behalf of that consumer.

Signature: _____

Printed Name: _____

Date: _____

Company Use Only

Request ID: _____

Date Received: _____

Request Type: _____

Verification Completed:

☐ Yes

☐ No

Date Closed: _____

Disposition:

☐ Fulfilled

☐ Partially Fulfilled

☐ Denied

Reason (if denied):

Notice Regarding Privacy Requests

We will respond to verified requests within the timeframe required by applicable law. Depending on your state of residence and the nature of your request, certain rights may be subject to exceptions and limitations. We will not discriminate against you for exercising your privacy rights.

If your request is denied, residents of certain states may have the right to appeal the decision by following the instructions provided in our response.