

DATA SUBJECT REQUEST FORM

1. **Date of Request:** _____
2. **Full Name of Data Subject:** _____
3. **Request Type:**
 - ☐ Access to personal data
 - ☐ Rectification (correcting data)
 - ☐ Erasure / Deletion
 - ☐ Restriction of processing
 - ☐ Data Portability
 - ☐ Update of Personal Data
 - ☐ Objection to processing
 - ☐ Other (please specify): _____
4. **Means of Communication:**
 - ☐ Email: _____
 - ☐ In-person
 - ☐ Portal / Online submission
 - ☐ Other: _____
5. **Categories and Types of Personal Data Requested:**
 - ☐ Contact Information (name, email, phone)
 - ☐ Financial / Transaction Records
 - ☐ Account / Membership Information
 - ☐ Other: _____
6. **Request Validity Check (to be completed by organization):**
 - ☐ Yes ☐ No
 - Comments: _____
7. **Identity Verification (to be completed by organization):**
 - ☐ Verified ☐ Not Verified
 - Comments: _____

Declaration:

I confirm that the information provided is accurate and that I am the data subject or an authorized representative.

Signature: _____

Date: _____