



California Consumer Privacy Act Request Form

* Select the Right You Want to Exercise:

Know My
Information

Delete My
Information

Correct Inaccurate
Information

* First Name

* Last Name

* Membership Status:

Member

Non-Member

* Have you ever been a Providence Federal Credit Union employee, job applicant, contractor, or volunteer?

Yes

No

* Address

* City

* Country

* State

* Zip

* Email

* **Date of Birth (xx/xx/xxxx)**

* **I am submitting this request on behalf of someone else?**

Yes

No

* **Acknowledgement**

I acknowledge that by submitting this form, I confirm I am, or the consumer on whose behalf I am submitting this request is, a California resident, and the information I have provided is accurate.

FOR INTERNAL USE ONLY (MSR Initials & Date)

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