CCPA CONSUMER REQUEST FORM FOR CALIFORNIA RESIDENTS

STATEMENT OF PURPOSE
We value our obligation to protect your personal information and take it very seriously. The California Consumer Privacy Act (CCPA) provides residents of the State of California who are consumers the right to request, to know and delete their personal information collected by certain entities. To enable us to address your consumer request under the CCPA, please complete this form in its entirety and when completed, please attach it via the form available at the following link https://us.sagepub.com/en-us/nam/ccpa-consumer-request-form. The information and documentation to be provided by you is required by us to confirm that you are who you claim to be, to locate your personal information within our systems and to determine whether we may have a lawful reason to deny your request. If you do not complete this form in its entirety and do not provide us all of the requested information, we will not be able to process your request and will take no further action. If you have used more than one email address when corresponding with us, submit a separate request for each.

CONSUMER INFORMATION
By submission of this information and documentation, you assert, under penalty of perjury, that (a) you are the individual consumer (or the authorized agent of such consumer/requester) whose personal information is the subject of this request, (b) you are who you claim to be, (c) to the best of your knowledge, information and belief, the information provided in this form is accurate, and (d) that you are either (check only one box):

____ making this request on your own behalf; or
____ have the lawful authority to act on behalf of the requester identified below in this form.* Please provide your name and a brief description of your relationship with the requester: ________________________________

______________________________________________________________

COMPLETE IF YOU ARE THE REQUESTER:

First Name: _______________________________ Last Name: _______________________________

Correspondence Address: _____________________________________________________________

Email Address: _________________________________________________________________

Mobile Phone Number: ___________________ Home Phone Number: ______________________

COMPLETE IF YOU ARE AN AUTHORIZED AGENT OF THE REQUESTER:

First Name: _______________________________ Last Name: _______________________________

Correspondence Address: _____________________________________________________________

Email Address: _________________________________________________________________

Mobile Phone Number: ___________________ Home Phone Number: ______________________

*To enable us to proceed with this request, please attach a written permission signed by the consumer/requester as proof that you are authorized to act as the requester’s authorized agent. Note that additional information may be required to confirm your identity.

TYPE OF REQUEST
Please indicate which request you are making (check only one box):

____ Right to Know: To get a report of the personal information you have about me

____ Deletion: To have the personal information you have about me deleted
RELATIONSHIP / REQUEST DETAILS
Please provide any information that might be helpful in reviewing your request as to how you have interacted with us and/or used or purchased our products.
__________________________________________________________________________________________________
________________________________________________________
COMPLETE IF YOU ARE A CURRENT OR FORMER EMPLOYEE
Name(s) used while an employee: ______________________________ Title: ______________________________
Employer Entity: __________________________________________
Dates of Employment: ______________________________________

COMPLETE IF YOU ARE A CUSTOMER
Are you a current or prior customer? __YES ___NO; Customer of which entity? ______________________________
During what time period were you a customer? __________________________________________________________
Do you have an account? __YES ___NO; Account Name/Number: ______________________________
What time period does your request refer to? Start Date: ______________ Finish Date: ______________
Please provide information on your two most recent purchases from us including what you purchased and your method of payment. ______________________________

COMPLETE IF YOU ARE AN AUTHOR OR CONTRIBUTOR
What titles have you authored or contributed to and when were they published?
Who did you work with in relation to your work and at which entity?

I declare under penalty of perjury that all of the foregoing is true and correct, that I am the person named above, and I understand that any falsification of this statement and/or requesting or obtaining any record(s) under false pretenses is punishable under applicable laws and will be prosecuted to the full degree.

__________________________
Printed Name of Requester

__________________________
Signature of Requester

__________________________
Signature of Authorized Agent (if applicable)