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 submit it to DataProtectionUS@Sagepub.com. 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 (in which case you will be required to provide proof in writing of your status as the requester’s authorized agent and possibly additional information to confirm your identity). 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: _____________________

Proof of your status as the requester’s authorized agent must be attached to this form.

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: _________________________________________________________________
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? Start Date: ______________ Finish Date: _____________________
What are the two most recent purchases you have made from us? _______________________________________

COMPLETE IF YOU ARE AN AUTHOR OR CONTRIBUTOR
What titles have you authored or contributed to and when? ___________________________________________
Who did you work with in relation to your work? ___________________________________________________

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)
DECLARATION OF IDENTITY FOR CALIFORNIA RESIDENTS

Before we can take any action in respect of your request it will be necessary for you to provide us with verification of your identity and confirmation that you are a California resident notarized by a currently licensed Notary Public. Please take a valid form of your identification containing a picture and a signature (e.g., driver’s license, passport or other acceptable form of identification) to a currently licensed Notary Public to verify your identity and California residency as you sign this Declaration of Identity form. Once this Declaration of Identity has been fully completed, please return to us the Consumer Request Form with this Declaration of Identity attached for review. We will contact you with any questions we may have, or any additional information we may require in order to address your request.

________________________________________  ___________________________________________
Printed Name of CCPA Consumer Requester   Printed Name of Authorized Agent, if applicable

________________________________________
Signature of CCPA Consumer Requester
(To Be Signed In the Presence of a Currently Licensed Notary Public)

TO BE COMPLETED BY A CURRENTLY LICENSED NOTARY PUBLIC:

A Notary Public completing this certificate verifies only the identity and California residency of the individual who signed the above CONSUMER REQUEST FORM to which this DECLARATION OF IDENTITY is attached, and not the truthfulness, accuracy, or validity of the content of the above CONSUMER REQUEST FORM.

On _________________________ before me, _____________________________________________,
personally appeared __________________________________________________________________
__________________________________________________________________________________,
who proved to me on the basis of satisfactory evidence (personal identification) presented to me to be the person(s) whose name(s) is/are subscribed to in the CONSUMER REQUEST FORM and this DECLARATION OF IDENTITY and acknowledged to me that he/she/they executed both documents in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on these documents the person(s), or the entity upon behalf of which the person(s) acted, executed these documents.

Name and Title of the Notary Public: _________________________________________________
Date:____________________________________________________________
Signature of Notary _________________________________________________
Place Notary Seal and/or Stamp Above