

**SUBMISSION FORM FOR REQUEST TO KNOW, DELETE, OR
CORRECT PERSONAL INFORMATION**

NAME OF CONSUMER				DATE OF REQUEST	
If you are not the Consumer making the request, but rather an authorized agent of the Consumer, state your full name:					
In the following request, the words “you” and “your” mean Consumer, not the Consumer’s authorized agent. The words “we,” “us,” “our,” and “CCCU” mean California Coast Credit Union.					
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Are you a member of California Coast Credit Union?	
				If you marked “Yes,” provide your membership number.	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Do you have online banking with us?	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If you marked “Yes,” have you shared your username and password with anyone else?	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Are you a past or current employee?	

CURRENT CONTACT INFORMATION	
Email Address*	
Consumer	Consumer’s Authorized Agent (if applicable)
Mailing Address*	
Consumer	Consumer’s Authorized Agent (if applicable)
Physical Address* (if different from Mailing Address above)	
Consumer	Consumer’s Authorized Agent (if applicable)
Primary Phone Number*	
Consumer	Consumer’s Authorized Agent (if applicable)

* You authorize us to contact the Consumer and/or the Consumer’s authorized agent (if applicable) for identity verification purposes in accordance with our legal obligations.

SELECT ALL OF THE FOLLOWING THAT APPLY TO YOUR REQUEST	
TYPE OF REQUEST	
1. Request to Know (Check all that apply to your request.)	
<input type="checkbox"/>	The specific pieces of personal information we collected about you in a form that you can take with you (also called a “data portability request”).

<input type="checkbox"/>	The categories of personal information we collected about you.
<input type="checkbox"/>	The categories of sources for the personal information we collected about you.
<input type="checkbox"/>	Our business or commercial purpose for collecting, sharing, or selling that personal information.
<input type="checkbox"/>	The categories of third parties to whom we disclosed, shared, or sold your personal information.

2. Request to delete personal information.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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3. Request to correct personal information.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Briefly describe what information needs to be corrected:				

Submit any documents that you would like us to consider in support of your request for us to correct or delete the contested personal information to ccpa@calcoastcu.org. CCCU may require additional documentation from you regarding the contested personal information. CCCU may deny your request if we determine that the contested personal information is more likely than not accurate based on the totality of circumstances.

If for any reason we are unable to correct the personal information you requested corrected, would you like us to consider deleting the information instead?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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NOTE ABOUT IDENTITY VERIFICATION

CCCU is required to verify your identity. Within 10 days of your submission of this form, we will notify you of what is needed to verify your identity.

If you are an authorized agent for the previously referenced consumer, we will request a copy of your government-issued identification card, and written authorization from the consumer to submit the request. Additional details will be provided to you regarding what is needed to verify you and your request within 10 days of your submission of this form.

DECLARATION OF IDENTITY

I, _____ declare, under penalty of perjury under the laws of the State of California, that I am submitting this request in my capacity as the consumer or authorized agent on behalf of the consumer.

SIGNATURE	DATE