



**Form for Request to Know and/or Delete Personal and/or Household Information
under the California Consumer Privacy Act of 2018 (CCPA)**

This form is to be used for submitting a “Request to Know” or “Request to Delete” under the California Consumer Privacy Act of 2018 (“CCPA”). Completed forms may be submitted electronically via the NuVision Credit Union website, in-person at a NuVision Credit Union branch, or by mail to: 7812 Edinger Avenue, Huntington Beach, CA 92647 Mailed-in forms may require additional verification up to and including notarization. We will respond to you request(s) via US mail using the address listed provided. For additional information about the California Consumer Privacy Act (CCPA) and how NuVision Credit Union protects your personal data and responds to your requests, please visit our website.

Consumer Name; Last	First	MI	Suffix
Mailing Address:			
City		State	Zip
Email		Telephone	

Authorized Agent (if applicable):

If you are an authorized agent for the above referenced consumer, we will request a copy of your government issued identification card, and the source of your authority to act on behalf of the consumer (e.g., POA, letters of conservatorship, written instructions, etc.). Additional details will be provided to you regarding what we need to verify you and your request within 10-business days of your submission of this form.

If you are not the Consumer making the request but rather an authorized agent of the Consumer, please provide Consumer’s Authorized Agent information below:

Consumer’s Authorized Agent Name; Last	First	MI	Suffix
Mailing Address:			
City		State	Zip
Email		Telephone	

Please indicate your relationship with NuVision Credit Union below:

(References to “you” or “your” mean Consumer, not the Consumer’s authorized agent.)

Are you, or have you been, a member with NuVision Credit Union? Yes No

If you marked “yes” above, please provide your membership number: _____

Do you have online banking with us? Yes No

Please select all of the following that apply to your request:

1) Request to Know (please check all that apply to your request):

- Categories of Personal Information we collect
- Categories of Sources of Collection
- Business or Commercial Purpose for Collection
- Categories of Third Parties with Whom Information is Shared
- Specific Pieces of Information (specify here): _____

2) Request to Delete Personal Information? *(exceptions may apply)* Yes No

3) Household Information Requests:
 Does your request include household information? Yes No

If you check “yes” next to your request to know personal information and/or request to delete personal information, you are asking to provide information collected and/or to delete such information about everyone who reside with you and share a service that we provide with you.

To process this request, we need you to provide the names, date of birth, and the postal address of your residence. Please complete the information below:

Household Address: _____

Household Members (including yourself)	Full Name	Date of Birth

We will need to verify your identity and (if applicable) the identity of all the members in your household to respond to your request. Within 10 business days of your submission of this form, we will notify you of what we will need to verify your identity and the members of your household.

*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.

Signature ▶	Date (MMDDYY)
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FOR INTERNAL USE ONLY (FOR VERIFICATION OF CONSUMER REQUESTS PURSUANT TO THE CALIFORNIA CONSUMER PRIVACY ACT OF 2018)	
<input type="checkbox"/> Identity Verified <input type="checkbox"/> Unable to Verify Identity	
Identification Provided <i>(If Applicable)</i>	
<input type="checkbox"/> Driver’s License <input type="checkbox"/> Passport <input type="checkbox"/> Military ID <input type="checkbox"/> Other Government-Issued ID <input type="checkbox"/> Notarization	