

### California Consumer Privacy Act Request Form

The California Consumer Privacy Act of 2018 (“CCPA”) gives California residents enhanced access to and control over personal information that businesses collect about them. To make a CCPA request of Stretto, Inc. or any of its subsidiary companies (“STRETTO”), please complete and submit this form along with a legible copy of your government-issued photo ID using one of the following methods:

- BY FAX to 866-307-1003 OR
- BY EMAIL to [consumer@stretto.com](mailto:consumer@stretto.com) OR
- BY MAIL to STRETTO, ATTN: CCPA Request, 4540 Honeywell Court, Dayton, OH, 45424.

**1. Type of Request (check all that apply):**

- Disclosure.** A request for the personal information STRETTO has collected, sold, and/or shared about you over the past 12 months and the purpose(s) for doing so. *Please be aware that the disclosure results will not include credit report information, certain health information, financial information or driving records.* If we provide this information to you electronically, the information will be in a portable format. To the extent that it is technically feasible, we will provide you the information in a readily useable format that you can easily transfer to another entity.
- Opt-Out of Sale.** A request that STRETTO not sell your personal information. *Please note: At this time, STRETTO does not sell the personal information of California residents to any third parties.*
- Deletion.** A request that STRETTO delete any personal information it has collected from you. *Please be aware that data STRETTO has collected under the Fair Credit Reporting Act (FCRA) for the purposes of credit reporting will not be deleted. Other exemptions from requests for deletion include information governed by the Gramm-Leach-Bliley Act (GLBA), Driver’s Privacy Protection Act (DPPA) and Health Insurance Portability and Accountability Act (HIPPA).*

**2. Are you a STRETTO customer or the client of a STRETTO customer?**

- Yes. If applicable, please provide your STRETTO account number: \_\_\_\_\_.
- No.
- I don’t know.

**3. Your Information.** Please print the following information:

Full Name: \_\_\_\_\_  
Current Address (No P.O. Boxes): \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**4. Certification.** By signing and submitting this form, you certify you are a resident of the State of California, that you are the individual identified in Section 3 above, and that the name, address, telephone number and email listed in Section 3 are accurate.

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_