

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/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)