



Form for Requests under the California Consumer Privacy Act of 2018

INSTRUCTIONS TO MEMBER: This form can be used by California residents for submitting a “Request to Know” or “Request to Delete” under the California Consumer Privacy Act of 2018 (CCPA). For more information about the CCPA and associated consumer rights, please refer to <http://www.msufcu.org/privacypolicy>.

Upon completion, please submit this form using one of the two methods outlined below.

- (1) Mail a notarized copy to MSUFCU, P.O. Box 1208, East Lansing, MI 48826-1208.
- (2) Submit a copy in person at any MSUFCU location.

California residents may alternatively submit a request by calling 800-678-4968. After your request is received, MSUFCU will contact you by phone call to verify your identity and the authenticity of this request. If you are an MSUFCU member enrolled in ComputerLine, we will send a response via eMessage. If you are not an MSUFCU member enrolled in ComputerLine, we will send a response to the mailing address we have on file for you (if applicable), or the mailing address provided below if we do not have one on file for you. Our response will be provided within 45 days. If we need additional time, we will contact you by phone call and/or eMessage.

Name: Last	First	MI	Suffix
Mailing Address			
City	State	Zip	
Email		Phone Number	

Nature of Relationship with MSUFCU

Do you or did you have a relationship with MSUFCU? This includes, for example, current and former members, persons who have applied for membership, beneficiaries, account holders, and authorized users. Yes No

Type of Request (Select At Least One):

- I want to know personal information that has been collected or shared.
- I want to delete the personal information you have about me (exceptions may apply).

Signature ▶	Date (MM/DD/YY)
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Notary Public *(For Mailed-In Forms)*

ACKNOWLEDGEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of _____

On _____ before me, _____
(Insert name and title of officer)

personally appeared _____

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

FOR MSUFCU INTERNAL USE ONLY

Verified Identity Unable to Verify Identity

Method(s) of Identity Verification

Driver's License Passport Military ID Other Government-Issued ID
 Verbal Verification Notary Public