

CONSUMER PRIVACY REQUEST

You may use this form to exercise one or more of your data privacy rights with respect to any personal information MRI-Simmons may hold on you. To exercise your right to opt-out, right to delete, or right to know, please complete the form below. The information requested in this form will be used solely to process your request. Please read our [privacy policy](#) to find out how we process your personal information.

Please select the situation that applies to you.

- ☐ I am the consumer and making this request on my own behalf (Complete Section 1 and 2)
- ☐ I am completing this form on behalf of a consumer (Complete Sections 1, 2, and 3).

Section 1 – Consumer Details

First name:	<input type="text"/>
Last name:	<input type="text"/>
Email address (if any):	<input type="text"/>
Address:	<input type="text"/>
Applicable Survey(s) (if known):	<input type="text"/>

I certify that the above information is true and accurate.

Signature

Date**Section 2 – Type of request (select all that apply)**

- ☐ Right to Opt-Out: You can request that we do not share your personal information, even for research purposes.
- ☐ Right to Delete: You can request that we delete your personal information.
- ☐ Right to Know: You can request to know the categories of personal information we have collected about you and/or the list of specific pieces of personal information we have collected, from whom, with what purpose, and with whom we share and disclose your personal information, or to whom we sell it.

Section 3 – For Authorized Agents requesting on behalf of a consumer

- ☐ I confirm I am an Authorized Agent of the consumer.

Authorized Agent full name:	<input type="text"/>
Authorized Agent email address:	<input type="text"/>
Authorized Agent contact phone number:	<input type="text"/>

I certify that the above information is true and accurate.

Signature

Date