

## Request Form

In some jurisdictions, applicable law may entitle you to make certain requests in connect with your personal information. Before Carl Warren & Company (“Carl Warren”) can honor your request, we are required by law to verify your identity. Please complete this form to begin the verification process.

For more information on how Carl Warren handles personal information and how our verification process works, please review our Privacy Policy on our website, [www.carlwarren.com](http://www.carlwarren.com), found [\[here\]](#).

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**Q1: Please describe your relationship with Carl Warren. If you have an insurance policy and/or a claim number, please provide the insurance policy number and/or claim number: \_\_\_\_\_**

**Q2: Are you a California resident?**

**Yes** – I am a California resident.

**No** – I am not a California resident.

Note: Carl Warren processes requests sent from California residents only at this time. For more information on how Carl Warren handles personal information, please review our [Privacy Policy](#) on our website at [www.carlwarren.com](http://www.carlwarren.com).

**Q3: Please tell us more about yourself so we can properly identify you.**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Email: \_\_\_\_\_

**Q4: Are you making a request regarding your own personal information or on behalf of someone else for their personal information (for example, an authorized agent or parent/guardian)?**

**Yes** – I am submitting a request regarding my own personal information. **Skip to Q7.**

**No** – I am submitting a request on behalf of someone else.

**Q5: If you are submitting a request on behalf of someone else, who is the individual for whom you are making this request? Please provide us with the information below:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Email: \_\_\_\_\_

**Q6: What is your relationship to the individual?**

I am the Parent/Guardian.

I am their Authorized Agent.

Note: To verify that you are a Parent/Guardian or an Authorized Agent, we may contact you for additional information.

**Q7: What is your request? (Check all that apply)**

Opt-out of the “sale” of my personal information.

Delete my personal information.

Access my personal information.

**CONSENT:** By submitting this form, I certify under penalty of perjury that I am filing a request in connection with data that relates to me. I understand that falsifying information could lead to an improper release of another individual’s personal information. I authorize Carl Warren to contact me if additional information is needed to verify my request.

Name: \_\_\_\_\_ [type name]

Date: \_\_\_\_\_ [select date]

[Click to Submit](#)

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