

REQUEST FOR IMPLEMENTATION OF PRIVACY RIGHTS

Each of the rights listed below may be exercised by submitting this request in person as well as electronically by e-mail at privacy@ua.edu. Please complete the information below. Fields marked with an asterisk (*) are required for the application to be processed.

Subject's Data

Name*: _____

Date of Birth*: _____

Physical Address for correspondence*: _____

Telephone: _____

E-mail: _____

This request is related to (select all that apply):

- Right of access
- Right to rectification
- Right to erasure ('right to be forgotten')
- Right to restriction of processing
- Right to object
- Right to data portability

Description of the request*:

Please describe your request. In order to help you even more, we would like to know the reasons for it.

Preferred way for feedback on the request*:

- In writing to the email address above
- In writing to the physical address above
- In person
If in person, how should we contact you to schedule an appointment? ___email ___phone
- Other (Please describe)

Signature: _____

Date: _____