

Individual Rights Request Form

Last updated: April 12th, 2022

Welcome! In order to process your data request, we need some basic information from you. The information requested in this form is essential to **[KMK Educational Services]** efforts to verify you are who you claim to be, to locate your data within our systems and to confirm your rights with respect to the request(s) made by you. If we determine that a basis exists to deny your request, we will provide you with an explanation for that determination.

Thank you,
KMK Optometry™

Select the right you wish to exercise:

Access My Information

Delete My Information

Correct My Information

Limit the Disclosure of My Sensitive Information

Do Not Sell My Information

Do Not Share My Information for Cross-Context Behavioral Advertising

First Name

Last Name

Email

If this request is being submitted as an Authorized Agent of someone else, please state your name and relationship to the person about whom this request relates. **[KMK Educational Services]** requires proof you are legally permitted to act on that person's

behalf (e.g. power of attorney, proof of guardianship). Please email such proof to kmk@optometryboardsreview.com.

Authorized Agent Name:	
Relationship to Consumer:	

ACKNOWLEDGEMENT

By submitting this form, I confirm that I am the person whose name appears on the form and that the information I have provided is accurate. I understand that, in order to fulfill this request, **[KMK Educational Services]** will need to reasonably verify my information matches the information in its records, and **[KMK Educational Services]** will contact me at the email address provided to verify I am the person making this request.