

PERSONAL INFORMATION REQUEST FORM

If you would like to submit to Cognitive Contractor a request related to your personal information, please provide the information below so Cognitive Contractor can respond appropriately. Cognitive Contractor may need additional information from you to verify your identity, to assess the relevant legal requirements, or generally to process your request.

If you would like to unsubscribe from Cognitive Contractor marketing communications, do not submit this form. Instead, please update your marketing preferences by clicking on the “Unsubscribe” link at the bottom of the email you received, or alternatively, by emailing Cognitive Contractor at privacy@cognitivecontractor.com if the Unsubscribe option in the email is not available.

First Name: _____

Last Name: _____

Aliases or former names: _____

If you are a Cognitive Contractor partner or supplier, name of company:

Email address: _____

Please provide any email addresses for you that you believe we may possess.

Phone Number: _____

Please provide any phone number for you that you believe we may possess.

Postal Address: _____

Include your street address, city, state/province, and zip/postal code.

I am a: Enterprise Customer; Consumer/Marketing Recipient; Current Employee/Contractor;
 Former Employee/Contractor; Job Applicant.

Type of request: Other (Specify Below)

Additional Details: _____

We will use the information you provide in this form to respond to your request. Please visit our [Privacy Policy](#) for additional information on Cognitive Contractor’s practices regarding use and handling of personal information.

SIGNATURE PAGE FOLLOWS

By submitting this form, I confirm that:

- The above information is true and correct, and I am the person, or the parent, guardian, or authorized agent of the individual identified above. If an authorized agent, I may be required to provide additional documentation as indicated by Cognitive Contractor or as set forth on our [Privacy Policy](#).
- I understand that my request will be processed in accordance with applicable law and that certain exceptions and exclusions may apply to the handling of my request.
- I understand that if I request Cognitive Contractor to delete my information, such deletion is irreversible, and the information will be unrecoverable.

Signature

Print Name

Date

Instructions: complete, sign, and scan this form and email it to privacy@cognitivecontractor.com

or mail it to: Cognitive Contractor

Attn: Privacy

8500 N Stemmons Fwy, Ste: 4050

Dallas, Texas 75247