

## Data Request Form

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

### Type of Request

- Opt out of targeted marketing communications
- Opt out of all communications
- Opt out of sale of data
- Access data
- Correct data
- Delete data
- Appeal a data request decision

Please note: If you opt out of communications, you will continue to receive information related to any transactions you have initiated or initiate in the future with the Children's Museum of Denver, Inc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As a staff member of the Children's Museum of Denver, Inc, I verify this request has been received.

Staff member name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_