

Data Subject Access Request Form

Please fill in the information below and submit to:

P.O. Box 136101
Fort Worth, TX 76136

We will respond as soon as possible.

The Web Site You Visited: _____

Your Name: _____

What Email Address Did You Use: _____

You Are Submitting This Form In What Capacity: _____

Please Leave Details Regarding Your Question, Action, Or Request:

I confirm that:

Under penalty of perjury, I declare all the above information to be true and accurate.

I understand that the deletion or restriction of my personal data is irreversible.

I understand that I will be required to validate my request by email, and I may be contacted in order to complete the request.