

**CAPITAL EDGE CONSULTING, LLC**  
**CONSUMER PRIVACY RIGHTS REQUEST**

You can use this form to exercise your consumer data privacy rights under applicable law. Please fill out the appropriate request(s) below and return to Capital Edge.

If returning electronically, please e-mail this form to:

[privacy@capitaledgeconsulting.com](mailto:privacy@capitaledgeconsulting.com)

If returning a physical copy, please mail this form to:

Capital Edge Consulting, LLC  
Attn: Privacy Manager  
8521 Leesburg Pike, Suite 425  
Vienna, VA 22182

1. Consumer Information.

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

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

2. Access; Portability. Pursuant to applicable law, you have the right to know what pieces of your personal information we have collected and used. By your check mark(s) below, please indicate the information you are requesting.

- Categories of your personal information we collected.
- Categories of sources from which we collected your personal information.
- Categories of third parties to whom we have disclosed your personal information.
- The business or commercial purpose for collecting, disclosing, selling, or sharing each category of your personal information.
- The specific pieces of your personal information we have collected. To identify the pieces of information you are requesting, please use the space provided in #7 (Additional Information) below or attach additional information to the end of this request.

3. Rectify. You have the right to correct your personal information if it is inaccurate. To request that we correct your personal information, please check the box below and identify the pieces of information you are requesting correction of by using the space provided in #7 (Additional Information) below or attaching additional information to the end of this request.

- I would like Capital Edge to correct pieces of my personal information in the manner I have specified below.

4. Delete. You have the right to request that we delete your personal information. Please check the box below to indicate what information you would like us to delete.

- I would like Capital Edge to delete all of my personal information.
- I would like Capital Edge to delete specific pieces of my personal information. Please identify the pieces of information you are requesting deletion of by using the space provided in #7 (Additional Information) below or attaching additional information to the end of this request.

5. Limit Use of Sensitive Personal Information. Check the box below to limit our use of your sensitive personal information to Permitted SPI Purposes (as that term is defined in our Privacy Policy, found at <https://capitaledgeconsulting.com/privacy-policy/>).

- Do not use my personal information except for Permitted SPI Purposes.

6. Opt-Out. You have the right opt-out of the sale and/or sharing of your personal information with third-parties. Please check the box below to opt-out of such sale and/or sharing.

- Do not sell or share my personal information.

7. Additional Information. Please indicate below any other details related to this request (if more space is required, please attach all additional information to the end of this request):

8. Verification. If applicable, please include below any other non-personal, fact-based information that may help us verify your identity. You do not have to include any information in this section to submit your request, and we may require additional verification information from you before we can process your request.

You may also email us directly at [privacy@capitaledgeconsulting.com](mailto:privacy@capitaledgeconsulting.com) to make a request related to your personal information collected and used by us.

We will confirm receipt of your request within ten (10) business days and provide you with information about how we intend to process your request. If your request is invalid for any reason, or if we require additional information to process your request, we will contact you directly using the contact information you provided to us on this form.

This request is signed under the pains and penalties of perjury.

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Printed Name

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Date

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Signature

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Relationship to Consumer  
(if other than named individual e.g. parent or guardian)