

Data Request Form – Authorized Agents

Name: _____

Address: _____

Phone Number: _____

Email: _____

To complete the Data Request Form on behalf of an individual for whom you are an authorized agent, please provide the following information for that individual.

Name: _____

Address: _____

Phone Number: _____

Email: _____

I verify I am an authorized agent for the individual list above:

Signature: _____ Date: _____

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.

Children's Museum of Denver, Inc staff will follow-up via the contact information provided to request verification that you are an authorized agent on behalf of the individual listed on this form. If there is no response to the verification request within 6 days, the request will expire.

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Documentation Verification

As a staff member of the Children’s Museum of Denver, Inc;

I have verified that _____

Is authorized to act on behalf of _____

Staff member name (please print): _____

Type of documentation provided: _____

Signature: _____

Date: _____