For California residents, the California Consumer Privacy Act of 2018, as amended by the California Privacy Rights Act of 2020 (collectively, the “CCPA”), provide California residents the right to request what personal information has been collected, delete information, and/or correct information on file so long as they do not violate concurrent banking privacy and record retention laws. For example, the CCPA does not apply if you are not a California resident, if we collected personal information that is covered by financial industry-specific privacy laws, including the Fair Credit Reporting Act (FCRA), and the Gramm-Leach-Bliley Act (GLBA).

Please complete the form and submit your request to:

Attn: Compliance

Noble Credit Union

PO Box 8047

Fresno, CA 93747-8027

We will contact you within 10-business days to confirm receipt and to verify your identity. We will provide a formal response within 45-business days unless we notify you that we need additional time to complete your request. If additional time is needed, you will receive a formal response within 90-business days. You may submit a CCPA request form twice in a 12-month period.

**Name of Consumer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Request:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are not the Consumer making the request but rather an authorized agent of the Consumer, please state your full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(References to “you” or “your” mean Consumer, not the Consumer’s authorized agent.)*

**Consumer Contact Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Email Address |  |  | Primary Phone Number |  |
| Mailing Address  |  |

**Consumer’s Authorized Agent Contact Information (if applicable)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Email Address |  |  | Primary Phone Number |  |
| Mailing Address  |  |

1. Are you a resident of California?

[ ]  Yes [ ]  No

*If you marked “no”, you do not have any rights under the CCPA and we therefore cannot respond to this request.*

1. Are you a current or former member of Noble Federal Credit Union (formerly known as Fresno County Federal Credit Union)?

[ ]  Yes [ ]  No

*If you marked “yes”, please provide your membership number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. Are you a current or former employee of Noble Federal Credit Union (formerly known as Fresno County Federal Credit Union)?

[ ]  Yes [ ]  No

*If you marked “yes”, please provide your dates of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. Please select all of the following that apply to your request:
2. **Request to know personal information (please check all that apply to your request):**

[ ]  The specific pieces of personal information we collected about you in a form that you can take with

 you (also called a “data portability request”).

[ ]  The categories of personal information we collected about you.

[ ]  The categories of sources for the personal information we collected about you.

[ ]  Our business or commercial purpose for collecting, sharing or selling that personal information.

[ ]  The categories of third parties to whom we disclosed, shared or sold your personal information.

1. **Request to delete personal information?** [ ]  Yes [ ]  No
2. **Request to correct personal information?** [ ]  Yes [ ]  No

Please briefly describe what information needs to be corrected (add a separate sheet if necessary)

|  |
| --- |
|  |
|  |
|  |
|  |

If for any reason we are unable to correct your information, would you like us to consider deleting the information instead? [ ]  Yes [ ]  No

Please submit any documents that you would like us to consider in support of your request for us to correct contested information.

We may require additional documentation from you regarding the contested personal information. We may deny your request if we determine that the contested personal information is likely accurate based on the totality of circumstances.

**Note About Identity Verification:**

We will need to verify your identity before processing this request. We will notify you within ten (10) business days of receipt of this form what we will need to verify your identity.

If you are an authorized agent for the above referenced consumer, we will request a copy of your government-issued identification card, and written authorization from the consumer to submit the request. Additional details will be provided to you regarding what we need to verify you and your request within ten (10) business days of receipt of this form.

**DECLARATION OF IDENTITY**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_, declare, under penalty of perjury under the laws of the State of California, that I am submitting this request in my capacity as the consumer or authorized agent on behalf of the consumer. You authorize us to contact the Consumer and/or the Consumer’s authorized agent (if applicable) for identity verification purposes in accordance with our legal obligations.

X\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_

 Signature