

HOBBY LOBBY

California Consumer Privacy Act Request Form

Hobby Lobby Stores, Inc. ("Hobby Lobby") will use the information you provide on this form **only** for the purpose of your request. Check all that apply:

- I request to know the specific pieces of personal information that Hobby Lobby has collected about the Consumer.
- I request to know the categories of personal information Hobby Lobby has collected about the Consumer. This includes: (1) the categories of sources of the personal information; (2) the business or commercial purpose for collecting the personal information; (3) the categories of third parties to whom we sold or disclosed the personal information; and (4) the business or commercial purpose for which we sold or disclosed the personal information.
- I request that Hobby Lobby delete personal information about the Consumer.

I declare under penalty of perjury under the laws of the State of California that the information contained in this request is true and correct, the Consumer is a resident of the State of California, and either: (1) I am the Consumer whose personal information is the subject of this request, or (2) I have legal authority to make this request on behalf of the Consumer.

SIGNED: _____ **DATE:** _____

Please provide the following information. Please note that all communication regarding this request will occur via email. You must authenticate your email by clicking the "Confirm Email" button within seven (7) days of submitting your request; this button is located on the email sent to you. If you request us to delete personal information, your clicking of the "Confirm Email" button serves as confirmation that you want us to delete Consumer's personal information.

Your Information:

First Name: _____ **Last Name:** _____

Street Address: _____

City: _____

State / Province: **California** **Zip / Postal Code:** _____

Email: _____

If you are making the above request(s) as an authorized representative of a Consumer, you will receive an email requesting some additional information. If you are making the above request(s) as an authorized representative of a Consumer, please check this box

Return this Form to Your Local California Store

For Office Use Only (To Be Completed Only By Store Personnel):

Date Received: _____

Received by (printed name): _____

Signature: _____

Store Number: _____