



APPEAL OF DENIAL OF PRIVACY REQUEST

If we decline to take any of the following action(s) sought by you, you have the right to appeal our decision within a reasonable period of time.

- Confirming whether we have collected and retained personal information about you.
- Accessing your personal information.
- Correcting inaccuracies in your personal information and/or updating it.
- Deleting some or all of your personal information.
- If your personal information is available in a digital format, providing you in a portable, and to the extent technically feasible, readily usable format with a copy of the personal information you previously provided to us.
- Request to opt out of targeted advertising.
- Request to opt out of personal information being provided to an ally of Family Policy Alliance or Family Policy Alliance Foundation in return for monetary or other valuable consideration.

First, we need the following information to identify you and verify who you are. If we have a question about your identity based on the information you submit, we have the right to contact you before processing your appeal. (Fields marked with an asterisk (*) must be completed in order to submit this form. This information will allow us to more quickly verify your identity and respond to your appeal.)

First Name: * _____ Last Name: * _____

Email Address: _____

Street Address: _____

Mailing Address (if different): _____

Your State: * _____ Zip Code: * _____

Phone Number (including area code): (____) _____

In the following space, please explain why you are appealing our denial of your request. Please provide sufficient information for us to be able to evaluate your appeal.

Within 60 days after the date upon which we receive your appeal we will provide you with our response, including a written explanation of the reason(s) for our decision. If you have provided an email address on this form we will send our response via email to that address. If no email address is provided, we will send our response via U.S. Postal Mail.

If we deny your appeal and you live in Nebraska or Texas, you may contact your state's Attorney General at the link below to submit a complaint:

Nebraska: <https://ne.accessgov.com/ago/Forms/Page/ago/2efd1471-06a7-4cd1-9bd2-cc8fe4e37c02/eea18f8a-30e7-48c7-b97b-eaabb1ab6ce8/0>

Texas: <https://www.texasattorneygeneral.gov/consumer-protection/file-consumer-complaint/consumer-privacy-rights>

In submitting this appeal, I confirm the following by checking each of these boxes (all boxes must be checked):

- I am the person whose name appears above;
- I declare that the above information about my appeal is true and accurate; and
- I agree that I can be contacted to verify my identity and if we have questions about the basis of your appeal.

Please mail this form to:

Family Policy Alliance
8675 Explorer Drive, Suite 112
Colorado Springs, CO 80920

If you wish to scan this form into digital file, you can do so and email it to mail@familypolicyalliance.com