REQUEST TO OPT OUT

You can use this web form to opt out of your personal information being used or provided by Family Policy Alliance (FPA) and Family Policy Alliance Foundation (FPAF) for the following purposes. Please see Sections 5.C, 5.E, and 6.C in our Privacy Policy for further information and explanations on how FPA and FPAF may use or provide your personal information for these and other purposes.

- Targeted advertising
- Provided to an ally of FPA or FPAF in return for monetary or other valuable consideration

First, we need the following information about you to verify who you are and whether this Request to Opt Out is being submitted by you or your authorized agent. If we have a question about your identity or that of your agent based on the information submitted to us, we have the right to contact you or your agent before processing this Request.

In this first set of fields, please insert answers *for the person whose personal information has been collected by us*. (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 request to opt out.)

First Name: * _____ Last Name: * _____

Email Address: * _____

Street Address: _____

Mailing Address (if different): _____

Your State: * _____ Zip Code: * _____

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

Is this Request to Opt Out being submitted by an authorized agent?

- ○ No
- ○ Yes

If you answered “yes,” please provide the following information about yourself and check the attestation box.

First Name: * _____

Last Name: * _____

Email Address: _____

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

☐ I attest that I am the authorized agent of the person whose contact information is provided in the first set of fields, and I am filing this request on his/her behalf who has authorized me to do so. I will attach to this request a written authorization signed by that person indicating that I am authorized to submit this Request. I understand that you have no obligation to respond to this Request before receiving such authorization.

Next, check one or both of the following if you would like to opt out of your personal information being used by us for targeted advertising and/or being provided by us to an ally in return for monetary or other valuable consideration.

☐ Opt out of targeted advertising

☐ Opt out of personal information being provided to an ally in return for monetary or other valuable consideration

In submitting this request, I confirm the following by checking these boxes (both boxes must be checked):

☐ Under penalty of perjury, I declare that the above information is true and correct.

☐ I am the person or the authorized agent of the person whose name appears in the first set of fields above.

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