

# Data Subject Change/Removal Request



## Type of Request

- Change
- Removal
- Validation/Data Access
- Complaint

## Contact Details: (This needs to be the information of the person requesting the information, not the individual being searched)

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

## I am acting on behalf of:

- Myself
- Family Member
- Other (Specify) \_\_\_\_\_
- A Client
- Friend

## Data points to be used for identification (This helps with our discovery process)

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## Location of data or nature of complaint? (Do you know which projects you participated in?)

*E.G. Survey Links, Client Name, Date Range*

*If you have a complaint, please describe the nature of the complaint with as much detail as possible*

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## Acknowledgements:

- I consent to the processing of the above information I have submitted for the purposes of identifying and providing the Data Subject's information currently being stored by MDC Research
- I represent that the information in this request is accurate and that I am authorized to submit this request.
- I understand that MDC will not be able to process my request if the form is not properly and completely filled out in legible print or if the request is not sent via certified mail, care of Compliance Officer, to MDC's corporate offices at 8959 SW Barbur Blvd., Ste. 204 Portland, OR 97219, USA

\_\_\_\_\_  
Data Subject Signature Date Signed

\_\_\_\_\_  
Requester Signature (If different) Date Signed