

Privacy Request Form

Instructions: Complete the form below and mail to:

FCO
 12304 Baltimore Ave STE #E
 Beltsville, MD 20705
 Attn: Privacy Officer

Note: Incomplete or unsigned requests will be rejected.
 All fields marked with an asterisk (*) are required.

* First Name	
Middle Name	
* Last Name	
Maiden Name	
* SSN	
* Date Of Birth	
* Address 1	
Address 2	
* City	
* State	
* ZipCode	
Account Reference #	
* Phone 1	
Phone 2	
Email	
* Request Reason (check all that apply)	<input type="checkbox"/> PROVIDE THE CATEGORIES OF PERSONAL INFORMATION COLLECTED ON ME <input type="checkbox"/> PROVIDE THE SPECIFIC PERSONAL INFORMATION COLLECTED ON ME <input type="checkbox"/> DELETE ALL PERSONAL INFORMATION COLLECTED ON ME
* Response via	<input type="checkbox"/> Mail or <input type="checkbox"/> Email (if via email, then email address required)

Date _____

Name _____

Signature _____