

Personal Information Removal Request Form

For privacy reasons, you may have the right to ask for certain personal information relating to you to be removed.

This form is for requesting the removal of specific results for queries that include your name from the ACBS website.

When you make your request, we will balance the privacy rights of the individual concerned with the interest of the general public in having access to the information, as well as the right of others to distribute the information. For example, we may decline to remove certain information about financial scams, professional malpractice, criminal convictions, or public conduct of government officials.

You will need a digital copy of an identification document to complete this form. If you are submitting this request on behalf of someone else, you will need to supply identification documentation for them. Please email this form along with supporting documentation to acbsstaff@contextualpsychology.org

* Required field

YOUR INFORMATION

Country of origin * _____

Full legal name * _____

Your own name, even if you are making the request on behalf of someone else who you are authorized to represent. If you are representing someone else, you must have the legal authority to act on their behalf.

First name: _____

Last name: _____

Contact email address * _____

I am acting on behalf of... * _____

If you are submitting this request on behalf of someone else, please specify your relationship to that person (for example: "parent", "attorney"). We may ask for documentation confirming that you are authorized to represent this person.

- Myself
- A client
- A family member
- A friend
- Other _____

Your legal relationship to the person on whose behalf this request is made

* _____

Attach a legible copy of a document that verifies the identity of the person on whose behalf the request is made *

To prevent fraudulent removal requests from people impersonating others, trying to harm competitors, or improperly seeking to suppress legal information, we need to verify the identity of the person on whose behalf the request is made (the relevant individual). A passport or other government-issued ID is not required. You may obscure parts of the document (e.g. ID number) as long as the remaining information identifies the relevant individual. You may also obscure any photograph in the identification document, unless you are asking for removal of pages that include photographs of the relevant individual. ACBS will use this information solely to help us assess and document the authenticity of your request.

IDENTIFY THE PERSONAL INFORMATION YOU WANT REMOVED AND ITS LOCATION

The URL(s) for the content containing the personal information you want removed * Please enter one URL per line

Reason for removal *

For each URL you provided, please explain:

(1) how the personal information identified above relates to the person on whose behalf this request is made; and

(2) why you believe the personal information should be removed

For example: "(1) This page is about me because a, b, and c. (2) This page should be removed because x, y, and z."

Name used to search * _____

This should be the name that, when used as a search query, produces the results you would like to delist. If you wish to submit multiple names (e.g. if your maiden name differs from your current last name), put a "/" between the names. For example, "John Smith / John Doe".

If you would like ACBS to erase other personal information we have about you please indicate below.

I would like ACBS to erase all personal information about me including my membership records. By selecting this option, I understand that I may no longer retain access to member-only sections of the website and that my member login and password will be erased.

I would like ACBS to erase all personal information about me excluding my membership records. By selecting this option, I understand that ACBS will still retain information about me to grant me membership privileges.

SWORN STATEMENTS

Please read the following statements, and put a check above the line to confirm that you agree.

___ I consent to the processing of the personal information that I am submitting, as outlined below: * ACBS will use the personal information that you supply on this form (including your email address and any ID information) and any personal information you may submit in further correspondence for the purposes of processing your request and meeting our legal obligations. We may share details of your request with data protection authorities, but only when they require these details to investigate or review a decision that we have made. I understand that ACBS may keep some information but only that required for legal, regulatory, or audit compliance.

___ I represent that the information in this request is accurate and that I am authorized to submit this request. *

___ I understand that ACBS will not be able to process my request if the form is not properly filled out or if the request is incomplete. *

SIGNATURE

Signed on this date of: * _____
MM/DD/YYYY (e.g. "12/19/2010")

Signature: * _____
e.g. Joan Z. Doe

By typing your full name above, you are providing us with your digital signature, which is as legally binding as your physical signature. Please note that your signature must exactly match the first and last names that you entered at the top of this form in order for your submission to be successful.