



Individual Access or Opt-out/Delete Request Form

This request form may only be used by you to access or opt-out/delete your personal information or that of your minor child. If you are making a request on behalf of another individual, including other members of your family (such as a spouse, adult child, grandparent, etc.), you must do so as an authorized agent and use the request form for agents.

By submitting an individual access or opt-out/delete request, you are acknowledging that you understand any attempt to mislead may result in prosecution, and that the information given by you for this request is true and accurate.

The information requested below is necessary to fulfill your access or opt-out/delete request. The information you provide will ONLY be used and maintained for this purpose. It is necessary for us to keep a record of your access or opt-out/delete request to answer any questions that may arise in the future.

Please provide the following information so we can search our Call Knowledge databases and provide or suppress your information from sale.

Request for [____] Access and/or [____] Opt-Out/Delete (Please mark all that apply)

Phone Number: [must be (xxx) xxx-xxxx]: _____

Your Name (First, Middle, Last): _____

Name of Minor Child: _____

Street Address: _____

Apt or Unit #: _____

City: _____ State: _____ Zip: _____

Email (for contact purposes only): _____

In order to verify the information you have submitted above, please provide that portion of your telephone or utility bill which identifies your provider by name, shows your name, address and your phone number.

Signature: _____ Date: _____

This request form should be returned to:

*First Orion Corp.
Compliance Dept., Attn: Opt-out
520 Main Street, Ste. 400
North Little Rock, Arkansas 72214*