

Privacy Information Request Form

Instructions

Please provide the following information along with your request, or fill in the form below, print the form, and fax or send the form via postal mail.

If you wish to submit the request via fax to the United States: (203) 876-6690

If you wish to submit the request via postal mail:

Privacy Officer
Doctor's Associates Inc.
325 Bic Drive
Milford, CT 06460 USA

Contact Information:

First Name:

Last Name:

Street:

City:

State:

Country:

Zip Code:

E-mail Address:

Request:

- Please **delete** my personal information.*
- Please **discontinue** further use of my personal information.
- Please **provide** me with the personal information you have collected about me.

Additional Comments:

Franchisees and Development Agents have a contractual relationship, which precludes deletion of their personal information.