

## INDIVIDUAL DATA SUBJECT NOTARY ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_ [insert State]

County of \_\_\_\_\_ [insert County]

### A. To Be Completed By Data Subject:

On \_\_\_\_\_ (insert date) I, \_\_\_\_\_ (name of Data Subject/you), certify that I am the person who submitted a data Access request to Wiland, Inc. by inputting my current and accurate personal information on the Wiland Privacy Choices web page or via the Wiland toll free telephone number and certify that I am the person whose name is subscribed within this Notary Acknowledgment Form. Below is my current and accurate full name, primary postal address and, if provided, primary email address (Note: all information below must match the information you provided to Wiland through the Wiland Privacy Choices web page or toll free telephone number).

\_\_\_\_\_ (Full Name)

\_\_\_\_\_ (Address line 1)

\_\_\_\_\_ (Address line 2)

\_\_\_\_\_ (Email address - optional)

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ [insert State] that the foregoing paragraph is true and correct.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

**B. To Be Completed By Notary Public:**

On \_\_\_\_\_ before me, \_\_\_\_\_ (name and title of officer), personally appeared \_\_\_\_\_ (name of Data Subject), who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ [insert State] that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_

(Seal)

Print Name \_\_\_\_\_