



## FAMILY MEMBER IDENTITY CERTIFICATION

**To Be Completed by Family Member, Legal Guardian, and/or Conservator (as applicable):**

On \_\_\_\_\_ [insert date] I, \_\_\_\_\_ [name of family member, legal guardian, and/or conservator, as applicable], acknowledge that I have been authorized by \_\_\_\_\_ [name of Data Subject] to submit a data Access request on his/her behalf and certify that I am the person whose name is subscribed within this Family Member Identity Certification Form as the authorized family member, legal guardian, and/or conservator of the Data Subject. My relationship to the Data Subject is \_\_\_\_\_ [e.g. mother, father, legal guardian, etc.]. Below is the Data Subject's current, accurate full name, primary postal address and, if provided below, primary email address.

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

\_\_\_\_\_ Address line 1 – i.e. street address (required)

\_\_\_\_\_ Address line 2 – i.e. city, state and zip code (required)

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

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

Signature \_\_\_\_\_