



## INDIVIDUAL DATA SUBJECT IDENTITY CERTIFICATION

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

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

### 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 Identity Certification 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 \_\_\_\_\_