

Data Subject Access Request Form

Individuals in the EU who are the subject of personal data (“data subjects”) have the right to request information about, and a copy of, personal data held about them. These requests are known as Data Subject Access Requests, or DSARs. If you wish to make a DSAR regarding the information held about you by WorkWave LLC, please complete this form and return it to us by regular mail or email.

If sending by regular mail, please send to: **WorkWave LLC**
101 Crawford's Corner Road
Holmdel, New Jersey 07733
Attention: Privacy Lead

If sending by email, please use send to: **privacylead@workwave.com**

Data Subject Identifying Information	
Full Name:	_____
Date of Birth:	_____
Current Address:	_____ _____ _____
Home Telephone Number:	_____
Mobile Telephone Number:	_____

Details of Request
<i>Please let us know the data you request with as much detail as possible. If we do not receive sufficient information to locate the data you request, we may be unable to comply with your request.</i>

Will the response be sent to the data subject or to the data subject's representative?
<input type="checkbox"/> To the data subject <input type="checkbox"/> To the data subject's representative

Confirmation	
I confirm that I am the data subject. If I have indicated above that the information should be sent to my representative, I also confirm that I authorize the representative identified below to receive my information from WorkWave.	
_____ SIGNATURE OF DATA SUBJECT	_____ DATE
_____ PRINTED NAME OF DATA SUBJECT	

If the response will be sent to your representative, please have your representative complete the following:	
I confirm that I have been authorized by the data subject to receive her/his information.	
_____ SIGNATURE OF AUTHORIZED REPRESENTATIVE	_____ DATE
_____ _____ _____ _____ PRINTED NAME AND ADDRESS OF AUTHORIZED REPRESENTATIVE	