



CONSUMER INITIATED DATA INQUIRY

Individuals requesting access to, changes to or erasure of personal data should complete this form and submit it along with your request.

IMPORTANT: For security reasons, please **do not** send plain text personal information such as Social Security numbers, DOB, etc... **via email**. Please include a copy of your current Driver’s License or Passport to verify your identity and a copy of a credit card bill, bank statement or utility bill to validate current address.

Once this form is completed, please mail it to our office:

Please Send To:

Longevity Consulting, Inc.
3959 Van Dyke Rd
Suite 63
Lutz, FL 33558

Hours of Operation:

Monday – Thursday: 7am – 4pm PST
Friday: 7am – 12pm PST
Saturday & Sunday: Closed

Today’s Date: _____

First Name: _____ Last Name: _____ MI: _____

OtherNames Used: _____

Last 4 of Social Security Number: XXX- XX- _____ DOB: _____ / _____ / _____

Phone Number: (_____ - _____ - _____) _____ Cell Home Work (please check one)

Email Address: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (If different than current address): _____

Request: Access Data Change Data Erasure of Data (please check one)

Additional Comments: (Include any additional comments you believe may be necessary in order for us to process your request.)

Your Declaration

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and that I am the person named above.	
Your Signature:	
Print Your Name:	
Date:	

Your information will be used to process your request. Providing the information is voluntary, but if not provided, we may not be able to process your request.