



Constituent Information Request

Complete the form and email to customer.experience@cancer.org or mail to address below.

Note that Standard Delivery on responses is within 30 days.

All information provided regarding the Constituent will be maintained and used according to the American Cancer Society Privacy Policy.

Section 1: Constituent Information

First Name	Date of Birth <small>(For identification only)</small>
Last Name	Phone
Email Address	Do you reside outside of the U.S.?
Mailing Address	No Yes
	Is this request being made on behalf of another individual? (See #4 below.)
	No - Myself
	Yes - Another Adult
	Yes - A Minor Child

Section 2: Information Requested

Check all boxes that apply to the information you are requesting and applicable time period.

Demographic Information	ACS Services/Assistance Received
Contact Preferences	From
Direct Marketing Purposes <small>(Preceding year - CA residents only)</small>	To
Donation History	Other (please be specific)
From	
To	
Volunteer Participation	
From	
To	

Is this request being made in connection with a legal matter?	No	Yes
Are you including a subpoena with the your request form?	No	Yes

Section 3: Delivery of Requested Information

How would you like to receive the information you request?	Encrypted Email	Postal Mail
Do you need us to expedite processing for a reasonable fee? Expedited delivery may be accommodated, and a reasonable fee may be charged to expedite processing.		
No, use Standard Processing (within 30 days)		
Yes, use Expedited Processing	Date Needed	

Section 4: Certifications

- | | | |
|---|-----|----|
| 1. I am the individual to whom the requested information applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult, or the legal representative of the individual to whom the requested information applies. | Yes | No |
| 2. I request that the information identified above be sent via encrypted email to my email address listed above. I understand that the American Cancer Society (ACS) is releasing this information at my request and with my consent and is not responsible for any subsequent disclosure or use of this information that I or any third party may make or for any intended or unintended consequences of such use or disclosure. | Yes | No |
| 3. I give permission for the ACS to contact me at the phone number and/or email address provided above, if there are questions regarding this request. | Yes | No |

**Parent/Guardian/Legal Representative Certification MUST be completed
to request information on behalf of another individual**

4. I certify that I am the Parent Legal Guardian Power of Attorney Legal Representative
of the constituent identified above (the "Constituent"). In such capacity, I have reviewed and confirmed the accuracy of the Constituent information provided above and consent to ACS' use of personal information about the Constituent as necessary to process this request. I understand that all information regarding the Constituent will be maintained and used in accordance with ACS' Privacy Statement.

Requestor Name

Relationship to Constituent

Section 5: Sign and Submit Form

Signature

Date

or email the completed form to: customer.experience@cancer.org

OR Print and mail to: Attention: Constituent Information Request
American Cancer Society Shared Services Business Center
8400 Silver Crossing
Oklahoma City, OK 73132

FOR ACS USE ONLY - If this request form is being completed by ACS Staff:

Date of Constituent Request	Was identity of constituent verified?	Yes	No
Name and Title of ACS Staff submitting request			