Data Subject Access Request Form

Individuals 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 Crawfords 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
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.

Will the response be sent to the data subject or to the data subject's representative?
☐ **To the data subject**   ☐ **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

_____   *I have enclosed a copy of my ID and proof of address.*

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