

California Consumer Privacy Act (CCPA) Acknowledgment Form

This form acknowledges that you have been informed of your rights under the California Consumer Privacy Act (CCPA) regarding the collection, use, and disclosure of your personal information.

By signing below, you confirm that you have received, read, and understand the Company's CCPA Notice. You understand that you may request information about the personal data collected, request deletion of your personal data, or exercise other rights provided by law.

Employee Name

Employee ID (if applicable)

Acknowledgment (Type your initials to confirm)

Signature

Date