REQUEST TO OPT-OUT FORM

California consumers have the right to request to opt-out of the sale of their Personal Information. Please fill out the following form if you are a resident of California and wish to exercise your right to opt-out of the sale of your Personal Information by Primrose School Franchising Company LLC and its affiliates, subsidiaries, and independently owned and operated Primrose Schools® franchises (collectively, “Primrose Schools”).

If you choose to request to opt-out of the sale of all of your Personal Information by Primrose Schools, please check the box below and complete the information below.

☐ I request that Primrose Schools not sell any of my Personal Information.

First and Last Name: ______________________________
Home City/State/Zip: ______________________________
E-Mail Address: ______________________________
Telephone Number: ______________________________

If you choose to opt-out of the sale of certain categories of Personal Information, rather than all of your Personal Information, please check the box below and state which categories of Personal Information you do not want sold.

☐ I request that Primrose Schools not sell the following categories of my Personal Information. For a list of the categories of Personal Information that Primrose Schools collects, please visit Primrose Schools’ Special Privacy Notice for California Residents at www.primroseschools.com/caprivacy.

____________________________________
____________________________________
____________________________________

If you are an authorized agent acting on the behalf of a consumer in making this opt-out request, you must submit proof that the consumer has provided you written permission to submit this request, either in the form of a power of attorney or a written authorization signed by the consumer, along with proof of the consumer’s identity, for you to make this opt-out request on the consumer’s behalf. If you are an authorized agent, please check the box below and click the link to upload proof of authorization:

☐ ATTACH WRITTEN DOCUMENTATION OF AUTHORIZATION IF SUBMITTING VIA EMAIL TO PRIVACY@PRIMROSESCHOOLS.COM

There are three forms contained in this document, please fill out the one relevant to your request and submit via email to privacy@primroseschools.com.
REQUEST TO KNOW FORM

California consumers have the right to request that a business disclose Personal Information that the business has about the consumer during the preceding twelve (12) months. California consumers may request such disclosures up to two (2) times in a twelve (12) month period. Please fill out the following form if you are a resident of California and wish to exercise your right to know what Personal Information Primrose School Franchising Company LLC and its affiliates, subsidiaries, and independently owned and operated Primrose Schools® franchises (collectively, “Primrose Schools”) collects, uses, discloses, and sells.

Please check the box next to the information you wish to request:

☐ the specific pieces of Personal Information that Primrose Schools has collected about you
☐ the categories of Personal Information Primrose Schools has collected about you
☐ the categories of sources from which Primrose Schools has collected your Personal Information
☐ the categories of Personal Information about you that Primrose Schools has sold or disclosed for a business purpose
☐ the categories of third parties to whom your Personal Information was sold or disclosed for a business purpose
☐ the business or commercial purposes for which Primrose Schools has collected or sold your Personal Information

We are required to verify your identity prior to complying with your request. In order to verify your identity, please provide the following information:

First and Last Name: _________________________________
Home City/State/Zip: _________________________________
E-Mail Address: _________________________________
Telephone Number: _________________________________

If you are an authorized agent acting on the behalf of a consumer in making this request to know, you must submit proof that the consumer has provided you written permission to submit this request, either in the form of a power of attorney or a written authorization signed by the consumer along with proof of the consumer’s identity for you to make this request to know on the consumer’s behalf. If you are an authorized agent, please check the box below and click the link to upload proof of authorization and proof of the consumer’s identity:

☐ ATTACH WRITTEN DOCUMENTATION OF AUTHORIZATION IF SUBMITTING VIA EMAIL TO PRIVACY@PRIMROSESCHOOLS.COM

If you are requesting to know the specific pieces of Personal Information that Primrose Schools has about you, you must declare, under penalty of perjury, that you are the consumer whose Personal Information is the subject of the request. If you are requesting to know the specific pieces of Personal Information that Primrose Schools has about a consumer for whom you are an authorized agent, you must declare, under penalty of perjury, that you are the authorized agent for the consumer whose Personal Information is the subject of the request.

I hereby certify under penalty of perjury that I am the consumer or authorized agent for the consumer whose Personal Information is the subject of this request.

Printed Name: _________________________________
Signature: _________________________________ Date: ____________
REQUEST TO DELETE FORM

California consumers have the right to request that a business delete Personal Information that the business has about the consumer. Please fill out the following form if you are a resident of California and wish to exercise your right to delete the Personal Information Primrose School Franchising Company LLC, and its affiliates, subsidiaries, and independently owned and operated Primrose Schools® franchises (collectively, “Primrose Schools”) has collected about you. Please note that Primrose Schools will maintain a record of your request pursuant to California Civil Code section 1798.105(d).

We are required to verify your identity prior to complying with your request. In order to verify your identity, please provide the following information:

First and Last Name: _________________________________
Home City/State/Zip: _________________________________
E-Mail Address: _________________________________
Telephone Number: _________________________________

We are also required to use a two-step process to confirm your request to delete. Once you complete and submit this webform, we will contact you once more to obtain a second confirmation that you wish to delete the Personal Information Primrose Schools has collected about you.

If you are an authorized agent acting on the behalf of a consumer in making this request to delete, you must submit proof that the consumer has provided you written permission to submit this request, either in the form of a power of attorney or a written authorization signed by the consumer along with proof of the consumer’s identity for you to make this request to delete on the consumer’s behalf. If you are an authorized agent, please check the box below and click the link to upload proof of authorization and proof of the consumer’s identity:

☐ ATTACH WRITTEN DOCUMENTATION OF AUTHORIZATION IF SUBMITTING VIA EMAIL TO PRIVACY@PRIMROSESCHOOLS.COM

If we cannot verify your identity, we will deny your request to delete. We will inform you of this and treat the request as a request to opt-out of the sale of your information.

If you are requesting deletion of Personal Information that Primrose Schools has about you, you must declare, under penalty of perjury, that you are the consumer whose Personal Information is the subject of the request. If you are requesting deletion of Personal Information that Primrose Schools has about a consumer for whom you are an authorized agent, you must declare, under penalty of perjury, that you are the authorized agent for the consumer whose Personal Information is the subject of the request.

I hereby certify under penalty of perjury that I am the consumer or authorized agent for the consumer whose Personal Information is the subject of this request.

Printed Name: _________________________________
Signature: _________________________________ Date: ______________