Non-GDPR Data Subject Privacy Rights Request Form

Duke is committed to addressing rights requests of our students, alumni, employees and friends. Those wishing to submit a non-GDPR rights request should read and complete this form. Those wishing to make a GDPR rights request should complete this form. Duke is committed to responding to requests in a timely manner.

If you are a California resident, you have certain rights under the California Consumer Privacy Act (CCPA). Upon submission of a verifiable consumer request, you have the right to request that a business collecting your personal information provide disclosures about or access to, in a portable and (if technically feasible) readily usable form, the specific pieces and categories of personal information that the business has collected about you in the past twelve (12) months (from the date of the business’s receipt of the request); the categories of sources for that information; the business or commercial purposes for collecting the information; and the categories of third parties with which the information was shared. California residents also have the right to submit a request for deletion of their personal information under certain circumstances.

If you are a resident of other U.S. states and wish to submit a request, please complete this form. Duke will attempt to respond to your request.

To ensure Duke Privacy has sufficient information to adequately assess your request and respond promptly and accurately, please provide the information requested below and return to Duke Privacy using one of the methods described in Part D at the end of this document.

Please be advised you may have the ability to access, update and/or delete information about you that Duke University holds using the following methods:

Current Students: Students may access information about themselves via MyDuke, a secure gateway to information regarding the student experience and student information.

Duke Alumni and Former Students: In order to access your profile, log into OneLink.

Employees: Current employees can access information about themselves via the Duke Internal Directory, or the Duke@work site.

Part A. Personal Details

Please provide the following information:

First Name: ____________________________  Middle Name: ____________________________
Last Name: ____________________________

Other Names (other names and/or aliases by which you were or may have been known): ____________________________
Home Address: Street Address: ___________________________________________________________
City: __________________________ State: _________ Zip Code: __________________________

Campus Address (if applicable): Street Address: ___________________________________________________________
City: __________________________ State: _________ Zip Code: __________________________

Telephone Number: ________________________________________________________________

Email address: _________________________________________________________________

Student or NetID number (if applicable): ____________________________________________

Your relationship to Duke:  □ Current Student  □ Former Student  □ Alumnus
□ Current Employee  □ Former Employee  □ Other

If “other” please explain: ____________________________________________________________

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Part B. Your Request

In the event CCPA or another state law applies to personal information Duke University may have about you, and about which you are making a request, data subject privacy rights may be available to you. Please be advised that these rights may be subject to limitations and exceptions.

Please check the box next to the data subject privacy right(s) you are requesting and provide a description of your request and any additional information that will assist Duke Privacy in assessing and responding to this request.

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Are you the consumer?

□ Yes, I am making a requested related to personal data about me.

□ No, I am acting as an authorized agent for the consumer.

If you are an authorized agent of a California resident and are making this request on their behalf, you are required to provide proof of the California resident’s notarized written authorization (for example a notarized statutory power of attorney) showing you have been granted authority to submit a consumer rights request on behalf of the California resident. You will be contacted at either the email address or mailing address provided, in order to request a copy of this document for verification purposes. If the notarized written authorization provided to us is insufficient, we will contact you for further verification at the contact information provided. We may additionally contact the California resident in order to verify their identity, and to confirm your authority to make a consumer rights request on their behalf, prior to responding directly to you.
☐ Request to unsubscribe (I no longer wish to receive written and/or email communication):

Please check as applicable:

☐ Please unsubscribe me from written communication related to my school and major
☐ Please unsubscribe me from email communication related to my school and major
☐ Please unsubscribe me from Development and giving written communication
☐ Please unsubscribe me from Development and giving email communication
☐ Please unsubscribe me from ALL Duke written communication
☐ Please unsubscribe me from ALL Duke email communication

☐ Request for disclosure (tell me about my data and how Duke has collected, used and/or disclosed my personal data):

Please provide the following information:

Description and scope of the personal data to which this request applies: ______________________
_________________________________________________________________________________

The dates or time periods when you believe Duke collected or received this personal data:
_________________________________________________________________________________

What Duke unit may have this personal data: ___________________________________________

Please provide the reason for your request: ____________________________________________

☐ Request for access (give me my data Duke has collected):

Please provide the following information:

Description and scope of the personal data to which this request applies: ______________________
_________________________________________________________________________________

The dates or time periods when you believe Duke collected or received this personal data:
_________________________________________________________________________________

What Duke unit may have this personal data: ___________________________________________

Please provide the reason for your request: ____________________________________________
☐ **Request for deletion** (delete my data Duke has collected):

Please provide the following information:

- **Description and scope of the personal data to which this request applies:** ________________________________

- **The dates or time periods when you believe Duke collected or received this personal data:** ______________________________________________________________________________________

- **What Duke unit may have this personal data:** ________________________________

- **Please provide the reason for your request:** ____________________________________________________

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**Part C. Proof of Identity**

Duke Privacy requires identity verification. In the event we are unable to verify your identity, we may be limited in how we are able to respond to your request. Please provide a copy of photo identification. Duke Privacy may require additional information from you.

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**Part E. Acknowledgement**

☐ I understand that I may make a verifiable consumer request for disclosure or access twice within a twelve (12) month period. If I have submitted a request for deletion, I understand that, while I have the right to request deletion of my personal information, Duke and/or its affiliates may be able to retain some or all of the personal information for a variety of reasons, such as to comply with a legal obligation. I further understand that Duke will respond to my request as necessary using the information I provided above.

Signed: ________________________________  Date: ________________________________
Part D. Submitting Your Request

Please submit your request and verification of identity documentation to Duke Privacy by one of the following methods:

By email:

Attn: Duke Privacy Officer privacy@duke.edu

By mail:

Attn: Duke Privacy Officer

Duke Office of Audit, Risk and Compliance Box 90436

705 Broad Street, Suite 210

Durham, NC  27708

By fax:

(919) 613-7631