



Subject Access Request Form

To help us process your request, please provide the information noted below. Once you have completed and signed the form, please email the document to support@rstor.io. Alternatively, you can mail it to:

RSTOR Inc.
ATTN: Privacy
12930 Saratoga Ave.
#D-2 Saratoga, CA
95070 United States

I. Contact Information

a. Full Legal Name (last, first, middle)	
b. Phone Number	
c. Country of Residence	

II. RSTOR Employment Background

If you are a current or former RSTOR employee, please provide the following information. If not, please proceed to section III.

a. Dates of Employment	
b. Office Assigned (location)	
c. RSTOR Email Address	

III. Employee of a Company Engaged in Business with RSTOR

If you are an employee of a company engaged in business with RSTOR, please provide the following information. If not, please proceed to section IV.

Company Name	
Please list Services	

IV. Type of Request

To help us process your request in an effective and timely manner, please identify the type of request and a brief description of the information and appropriate dates in which this information was provided to us.

a. Check the boxes that best match the request you are making.	<input type="checkbox"/> Copy of information <input type="checkbox"/> Make corrections <input type="checkbox"/> Delete information <input type="checkbox"/> Other _____
b. List the kinds of information provided <i>(e.g., email address, phone number, etc.)</i>	
c. Identify the approximate date in which the information was provided to us.	

V. Submitting on Behalf of Someone Else

If you are submitting this request on behalf of someone else, please complete the following section and proceed to section VII. If not, please proceed to section VI.

a. Identify your relationship to the data subject.	
b. List the form of legal authority to make the request on behalf of the Data Subject.	

VI. Signature Information

I hereby confirm that I have correctly answered the questions on this Subject Access Request and have answered these questions truthfully and completely.

Name _____

Email _____

Signature _____

Date _____

VII. Signature Information – Agent

I hereby certify that I hold the legal authorization to act as agent for the data subject identified in section Ia. I hereby confirm that I have correctly answered the questions on this Subject Access Request and have answered these questions truthfully and completely.

Name _____

Email _____

Date _____

Signature _____