

Request for Privacy Information, Opt Out or Deletion

1. Your full/ complete legal name: (Last, First, Middle) \_\_\_\_\_
2. Any Aliases or Nicknames you have used: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. Residential Address if Different: \_\_\_\_\_
5. Phone Number: \_\_\_\_\_
6. Email Address: \_\_\_\_\_

(An email address will speed up communications and is needed for searching records)

7. (If applicable) \_\_\_\_\_ I am an authorized agent of the person listed in paragraph 1 and am making this request, and have completed or presented this form, on his or her behalf. I agree to supply the Casino with written proof of my authority signed by the person listed in paragraph 1, which can be verified by the Casino prior to the Casino's response. The information on this form pertains to the person listed in section 1, and where this form uses "You" or "I" it refers to that person.

My Name is: \_\_\_\_\_

8. In what capacity have you engaged with the Casino (check all that apply) \_\_\_ website user, \_\_\_ customer, \_\_\_ service provider, \_\_\_ employee, \_\_\_ other (please describe) \_\_\_\_\_

9. Please describe the type of personal information you provided us with the services you used and the approximate dates and times. (check all that apply)

\_\_\_ Cash Advances \_\_\_ ATM \_\_\_ I showed my identification for age verification

\_\_\_ I won a jackpot or promotion \_\_\_ I used check cashing \_\_\_ I participated in a survey \_\_\_ I visited the website \_\_\_ I provided my personal information for a transaction \_\_\_ Other (describe):

Dates & Circumstances. This will help us identify the information. \_\_\_\_\_

10. (Please check all that apply) I want to: \_\_\_\_\_ know what personal information you have about me, \_\_\_ request a copy of the information you have about me, \_\_\_ opt out of data collection; \_\_\_ have my personal information deleted, subject to the authorized exceptions in the privacy policy; \_\_\_ correct my information, \_\_\_ limit the information you have, or \_\_\_ withdraw from any promotions or incentives. For corrections or limitations, please specify your request:

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I understand that the Casino will need to verify my identity using a government issued identification before releasing my personal information except where I request to opt out of sale or sharing or limit information. I understand that if I do not provide adequate information for the Casino to use to verify identity, and retrieve personal information, that there may be a delay in the Casino's response or that I may not receive a response.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

You may submit this form:

1. In person at the casino cage
2. Filling out the same form on our website. Calling this toll-free number: 800-966-0949,
3. Emailing the form or a request to [contact@oakscardclub.com](mailto:contact@oakscardclub.com) or Mailing the form or a Written Request sent First Class Mail to:

Attn: Privacy Policy Administrator, 4097 San Pablo Ave, Emeryville, CA 94608.

Rev. Dec. 29, 2022