

## HPA GDPR REQUEST FORM

The EU's General Data Protection Regulation (GDPR) may entitle you with the right to access personal data that is stored and processed about you, and request the correction of that data if it is incorrect. For those individuals for whom the GDPR applies, you may also have the right to request the deletion of certain personal records, request that we restrict our use of your data, or object to any automatic decision-making that uses your personal data. If applicable, this may include the ability to access to your data and download it in a commonly used format. We will do our best to grant your request as long as your rights are covered by the GDPR and it doesn't infringe upon the rights of others.

To exercise your rights as described above, please fill out this form and submit it digitally or as a paper document to: [privacy@hpa.edu](mailto:privacy@hpa.edu) or Data Protection Officer, Admissions Building, 65-1692 Kohala Mountain Road, Kamuela, HI 96743. We will be in touch within 30 days of receipt.

### Your Information

First and Last Name	
Date of Birth	
Email address	
Residential address	

### Nature of Your Personal Data Request

Please describe what data you're concerned about and what you'd like to request that we do.

**Supporting Documentation (if applicable)**

If you are requesting that we change certain personal data, please provide information supporting the new data you're providing, or further elaborate on your request.

**Individual or Entity to Whom Your Personal Data Should Be Released**

Please let us know the person to whom your personal data should be released to and provide their contact information. If this person is yourself, list your own information here.	
First and Last Name	
Residential address	
Email address	
Phone Number	
Fax Number	

**Authorization Signature**

I confirm that I am the individual described above and that the information on this form is true and correct to the best of my knowledge.

Printed Name	
Signature	
Date	