



DELETE MY DATA FORM

Print, sign, scan and return to myaccount@thesmartphr.com.

Consistent with the Terms of Service of Prosocial Applications, Inc., ("Prosocial"), I hereby request deletion of the Record and all of the associated data of the Record Holder whose information is listed below from the operational computer servers where Prosocial stores system data. I hereby give permission to Prosocial to access the Record for such Record Holder to verify the authenticity of this request. I hereby attest that I am the legitimate Record Administrator (who controls access by all other Users to the Record and the usage and disposition of Record Content) for such Record, either because it is my own Record or it is the Record of a Record Holder (such as a minor child or incapacitated adult) for whom I have medical power of attorney.

I understand that: (a) It is my responsibility to remove data in the Record and the associated mobile app from all relevant mobile devices; (b) Deletion of data in the Record from Prosocial's operational servers is permanent and irrevocable and includes deletion of all "Credentials" defined as passwords, tokens, answers to secret questions, and other measures implemented by Prosocial to recognize and authenticate Users and to protect the security, privacy and integrity of User Data and Record Content in the Record; (c) Although Prosocial will delete data in the Record from operational servers involved in administration of the current system, Prosocial may retain archived copies of data in the Record on its non-operational storage servers. (d) Prosocial retains copies of requests for data deletion and may be required by government authorities to disclose this request. (e) Prosocial deletes data from a Record only after receiving and confirming the information requested below, all of which is required. Inaccurate or incomplete information may delay or prevent Prosocial from fulfilling my request for data deletion.

Please enter all the following information about the Target Record:

First and Last Name of Record Holder
Street Address Line 1
Street Address Line 2
City * State *Country
Zip Code
Birth Date (MM/DD/YEAR)
email address
Mobile phone number
Secret Question & Answer
User Name
Password

Please enter all the following information about yourself, the Record Administrator:

First and Last Name of Record Administrator
Relationship to Record Holder
Street Address Line 1
Street Address Line 2
City * State *Country
Zip Code
Birth Date (MM/DD/YEAR)
email address
Phone number

Date
Signature of Record Administrator