

Right to Be Forgotten/Right of Erasure Request



Full name: _____

Current email address: _____

1) Please indicate your affiliation with Penn State:

- Applicant Undergraduate Student Graduate Student
 Faculty Staff Other (please indicate: _____)

2) Please indicate your Penn State affiliation status:

- Currently affiliated Formerly affiliated

3) Please provide your current/former Penn State ID: _____

4) Are you a citizen of a European Union Member State?

- Yes No

If yes, please list the Member State: _____

5) Are you currently located in an EU Member State?

- Yes No

If yes, list the Member State: _____

6) Have you lived in an EU Member State since 2016? (Yes/No)

- Yes No

If yes, list the Member State: _____

7) Please indicate the types of data you would like to be erased:

Please email your completed form to security@psu.edu. A member of the University Privacy Office will process your request.