

Section A – Requestor Identity & Verification				
Full Legal Name				
Preferred Name (if different)				
Email address(es) used to interact with OU				
Phone number(s) (optional)				
Relationship to OU (select all that apply)	☐	Student	☐	Former Student
	☐	Faculty	☐	Staff
	☐	Research Participant	☐	Alumni
	☐	Applicant	☐	Other (please specify)
Timeframe of interaction with OU (approximate dates or years)				
Are you submitting this request:	☐	For yourself		
	☐	As an authorized agent (if yes, attach authorization)		
Section B – Data Description & Scope				
Please describe the personal data you believe the institution has about you (e.g., student records, research participation, email communications, applications, website accounts, etc.)				
Which systems or services do you believe your data may be in? (If known — examples: learning management systems, email,				

research systems, cloud storage, HR systems)	
Are there specific documents, files, or records you want deleted? (If yes, describe as precisely as possible.)	

Section C – Legal & Operational Constraints Acknowledgment

Please acknowledge the following (check all that apply):

- ☐ I understand some data may be retained due to legal, regulatory, contractual, or academic obligations.
- ☐ I understand deletion may not be possible for data that is required for compliance, record-keeping, or research integrity.
- ☐ I understand anonymization may be used where deletion is not feasible.

Preferred method of confirmation once the request is completed:

- ☐ Email
- ☐ Written notice

Section D – Attestation

I certify that the information provided is accurate and that I am the data subject or authorized agent.

Signature

Typed Name

Date