

IMPORTANT PRIVACY CHOICE

You have the right to control whether we share your name, address, and electronic mail address with our affinity partners (companies that we partner with to offer products or services to our alumni). Please read the following information carefully before you make your choice below.

YOUR RIGHTS

You have the following rights to restrict the sharing of your name, address, and electronic mail address with our affinity partners. This form does not prohibit us from sharing your information when we are required to do so by law. This includes sending you information about the alumni association, the university, or other products or services.

YOUR CHOICE

Restrict Information Sharing With Affinity Partners:

Unless you say "NO," we may share your name, address, and electronic mail address with our affinity partners. Our affinity partners may send you offers to purchase various products or services that we may have agreed they can offer in partnership with us.

NO, please do not share my name, address, and electronic mail address with your affinity partners.

TIME SENSITIVE REPLY

You may decide at any time that you do not want us to share your information with our affinity partners. Your choice marked here will remain unless you state otherwise. However, if we do not hear from you, we may share your name, address, and electronic mail address with our affinity partners.

If you decide that you do not want to receive information from our affinity partners, you may do one of the following:

- (1) Call this toll-free telephone number: (866) 414-8136.
- (2) Reply electronically by contacting us through the following Internet option: alumni@csub.edu
- (2) Fill out, sign, and send back this form to us at the following address (you may want to make a copy for your records).

CSUB Alumni Association
Attn: Denise Nielsen
9001 Stockdale Highway, 53AW
Bakersfield, CA 93311-1022

YOUR INFORMATION

Please write clearly so we can correctly note your preferences on your record

First Name and Last Name: _____

Last Name while attending CSUB (if different): _____

Graduation Year: _____

Home Address: _____ City _____ State _____ Zip _____

Phone number or email address if we need to contact you about this request:

Signature: _____