REQUEST TO RECEIVE INFORMATION OR REQUEST DELETION OF PERSONAL DATA ON BEHALF OF A MINOR UNDER 13 YEARS OF AGE

If you are a parent or legal guardian of a Minor (age 0-12) and would like to exercise rights under the California Consumer Protection Act (CCPA) on a minor’s behalf, then please complete this form in its entirety and mail it to:

Southern California Edison
CS Information Governance, G.O. 5, 4th Floor
1515 Walnut Grove Avenue
Rosemead, CA 91770

Parent or Legal Guardian Information

First Name _________________________________________
Middle Initial (optional) _____
Last Name _________________________________________
Other Name (optional) _________________________________________
Email _________________________________________
Mobile Phone _________________________________________
Address 1 _________________________________________
City _________________________________________
State _________________________________________
Zip Code _________________________________________
Address 2 (optional) _________________________________________
City _________________________________________
State _________________________________________
Zip Code _________________________________________
Relationship to Minor (Parent or Legal Guardian) _________________________________________

Are you an SCE Customer? ☐ Yes ☐ No
If marked, please provide Customer Account Number: __________________________

You can find your Customer Account Number at the top-left corner of the first page of your bill, or log on to your My Account on www.sce.com.

Are you an SCE Employee? ☐ Yes ☐ No
If marked yes, please provide PERNR number: _______________________________________

**Minor Child Information**

First Name _________________________________________

Middle Initial (optional) _____

Last Name _________________________________________

Other Name (optional) _________________________________________

Address 1 _________________________________________

Address 2 (optional) _________________________________________

City _________________________________________

State _________________________________________

Zip Code _________________________________________

Note: All fields are mandatory unless otherwise noted above.

**Correspondence Address:**

Please note that correspondence will be sent to the primary address of the Parent/Guardian that is provided above.

**I am exercising the following rights under the CCPA:**

__ Request to Access Personal Information on behalf of the minor listed above, and/or

__ Request to Delete the minor’s Personal Information from SCE’s system(s).

I understand that this will mean that the named minor will not receive updates or information from SCE and will be eliminated from any programs that he or she may have registered for (initials) ☐

CCPA allows for the deletion of personal information; however, there are exceptions provided under the law (as described in by Cal. Civil Code § 1798.105) where certain personal information must be retained by SCE for business needs and/or other legal reasons.

I am confirming that the minor child named above is a resident of the state of California and I have read and understood his/her rights under the CCPA by marking this checkbox (initials) ☐
**Parent / Guardian**

I am submitting this request on behalf of my child who is a minor under 13 (my “child”) (as defined by Cal. Civil Code § 1798.185). I certify that I am the parent or legal guardian of the above-mentioned child, and that I have full legal authority to submit this request regarding my child’s personal information and to receive the requested personal information about my child) under the California Consumer Privacy Act.

________________________________________ ___________________________
Signature                                                                         Date

*To access SCE’s privacy notice, go to* [www.sce.com/privacy](http://www.sce.com/privacy).