

## **REQUEST TO RECEIVE INFORMATION OR REQUEST DELETION OF PERSONAL DATA FOR MINORS 13 – 17 YEARS OF AGE**

If you are a minor age 13-17 and would like to exercise your rights under the California Consumer Protection Act (CCPA), please complete this form in its entirety and mail to:

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

The information requested below, and any additional information that may be requested when reviewing your submission, is to assist us in verifying your identity, and processing your request. We will only use information you provide to us with this request as permitted by law.

### **Requestor Information**

First Name \_\_\_\_\_

Middle Initial (optional) \_\_\_\_\_

Last Name \_\_\_\_\_

Nickname or Other Name used (optional) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address 1 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Address 2 (optional) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

E-mail address \_\_\_\_\_

Cell phone number (if applicable) \_\_\_\_\_

**Note:** All fields are mandatory unless stated otherwise.

**Correspondence Address:**

**Please note that correspondence will be sent to the primary address that is provided above.**

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

Request to Access Personal Information, and/or

Request to Delete Personal Information from SCE's system(s)\*

I understand that this will mean that I will not receive updates or information from SCE and will be eliminated from any programs that I 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 I am a resident of the state of California and have read and understood my rights under the CCPA by marking this checkbox (initials)

**Signature**

With this form, I am submitting my verifiable consumer request (as defined by Cal. Civil Code § 1798.120) under the California Consumer Privacy Act.

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Signature over Printed Name

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Date

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