

The purpose of this form is to convey to AIC that you no longer give your consent for AIC to use the personal information outlined on this form. Please complete the following sections, then sign and date the form and return it to the Membership and Subscription Coordinator at AIC. At the time of receipt of this form, AIC will cease the use of your personal information and destroy all electronic and paper-based copies.

Personal Information Kept by AIC

Please list your personal information that is kept by AIC:

Destruction of Information

Upon receipt of this form, AIC will destroy all paper-based and electronic copies of your personal information. Please check the following box to show that you give your consent for AIC to destroy all electronic and paper-based copies of your personal information.

I give my consent for the AIC to destroy all electronic and paper-based copies of the personal information listed at the top of this form.

yes

Please provide your signature to indicate to AIC that you have completed this form with accurate information and that you no longer give your consent for the AIC to use and retain your personal information.

Name

Signature

Date