Signal Enhance Privacy & Data Request Form

1. Contact Information

Full Name:

_____

Email Address (used with your account):

_____

2. Request Type

[ ] Opt out of anonymous statistics collection (where supported)

[ ] Request account & data deletion

[ ] Request a copy of my data

3. Identity Verification

To protect your data, we may require proof of identity for account deletion or data copy requests.

Acceptable forms:

- Screenshot of a logged-in dashboard with visible email
- Recent order confirmation email
- Any other verified correspondence

Upload Proof (only required for deletion/copy requests):

[Attach separately if emailing this form]

4. Notes / Additional Info

Optional: Let us know if you have any special instructions or notes:

_____

_____

5. Confirmation

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By submitting this form, you confirm that the information provided is accurate and that you are the owner of the account or have the authority to act on the user's behalf.

Signature (Type Full Name):

_____

Date:

____ / ____ / 20____

Submit this form to: help@signalenhance.com

Subject line: Privacy/Data Request