

**VERISIGN**

REGISTRATION DATA DISCLOSURE REQUEST FORM

INSTRUCTIONS: Please complete all fields and attach required supporting documentation, when appropriate. Incomplete forms will delay processing. Email your completed form to caocompliance@verisign.com. Limit of one domain name per request.

Requestor's Name				
Requestor's Email				
Top-Level Domain (TLD)	[Select One]			
Domain Name <i>The Domain Name must include the TLD selected above.</i>				
Data Elements Requested <i>Please check each element that you would like to receive.</i> <i>NOTE: Verisign may not have values for all data elements requested.</i>	<input type="checkbox"/> Registry Domain ID	<input type="checkbox"/> Registry Registrant ID	<input type="checkbox"/> Registry Admin ID	<input type="checkbox"/> Registry Tech ID
	<input type="checkbox"/> Registry Billing ID	<input type="checkbox"/> Registry Name	<input type="checkbox"/> Admin Name	<input type="checkbox"/> Tech Name
	<input type="checkbox"/> Billing Name	<input type="checkbox"/> Registrant Organization	<input type="checkbox"/> Admin Organization	<input type="checkbox"/> Tech Organization
	<input type="checkbox"/> Billing Organization	<input type="checkbox"/> Registrant Street	<input type="checkbox"/> Admin Street	<input type="checkbox"/> Tech Street
	<input type="checkbox"/> Billing Street	<input type="checkbox"/> Registrant City	<input type="checkbox"/> Admin City	<input type="checkbox"/> Tech City
	<input type="checkbox"/> Billing City	<input type="checkbox"/> Registrant Postal Code	<input type="checkbox"/> Admin Postal Code	<input type="checkbox"/> Tech Postal Code
	<input type="checkbox"/> Billing Postal Code	<input type="checkbox"/> Registrant Country	<input type="checkbox"/> Admin Country	<input type="checkbox"/> Tech Country
	<input type="checkbox"/> Billing Country	<input type="checkbox"/> Registrant Phone	<input type="checkbox"/> Admin Phone	<input type="checkbox"/> Tech Phone
	<input type="checkbox"/> Billing Phone	<input type="checkbox"/> Registrant Email	<input type="checkbox"/> Admin Email	<input type="checkbox"/> Tech Email
	<input type="checkbox"/> Billing Email			
Individual or Business <i>Select whether the requestor is an individual or business.</i>				
If Business is selected, list the business name and Nature of the Business.				
Are you making the request for yourself or on behalf of someone else? <i>If you are making the request on behalf of someone else, you MUST include a copy of the power of attorney or similar statements evidencing authorization for you to act on the requestor's behalf.</i>				
Describe your legal rights or, if applicable, the legal rights of the requestor. Also describe the specific rationale and basis for the request.				
Attestations				
<input type="checkbox"/> By checking this box, you are confirming the request is being made in good faith and that you and, if applicable, the requestor have the legal rights to make the request.				
<input type="checkbox"/> By checking this box, you agree to lawfully process the data element values provided to you by Verisign.				

[Learn more about how Verisign processes your personal information.](#)