



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"/> Registrant Name <input type="checkbox"/> Registrant Organization <input type="checkbox"/> Registrant Street <input type="checkbox"/> Registrant City <input type="checkbox"/> Registrant Postal Code <input type="checkbox"/> Registrant Country <input type="checkbox"/> Registrant Phone <input type="checkbox"/> Registrant Email	<input type="checkbox"/> Registry Admin ID <input type="checkbox"/> Admin Name <input type="checkbox"/> Admin Organization <input type="checkbox"/> Admin Street <input type="checkbox"/> Admin City <input type="checkbox"/> Admin Postal Code <input type="checkbox"/> Admin Country <input type="checkbox"/> Admin Phone <input type="checkbox"/> Admin Email	<input type="checkbox"/> Registry Tech ID <input type="checkbox"/> Tech Name <input type="checkbox"/> Tech Organization <input type="checkbox"/> Tech Street <input type="checkbox"/> Tech City <input type="checkbox"/> Tech Postal Code <input type="checkbox"/> Tech Country <input type="checkbox"/> Tech Phone <input type="checkbox"/> Tech Email	<input type="checkbox"/> Registry Billing ID <input type="checkbox"/> Billing Name <input type="checkbox"/> Billing Organization <input type="checkbox"/> Billing Street <input type="checkbox"/> Billing City <input type="checkbox"/> Billing Postal Code <input type="checkbox"/> Billing Country <input type="checkbox"/> Billing Phone <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.](#)