Submit a privacy request



Loan # (if applicable)	Email	Email			
First and last name		Birthdate			
Address line 1		Phone			
Address line 2		Last 4 of	SSN (if applicable)		
City	Stat	e	Zip		
Fields with an asterisk (*) are required.					
How would you like for us to deliver a response to your request?*					
○ Electronic ○ Mail					
Select one option that best defines your current relationship with Guild Mortgage.*					
Submitted information to determine loan eligibility Started an application but didn't submit it					
○ Submitted an application ○ Active loan servicing customer ○ Employee/former employee					
○ B2B contact (Please list the employer:) ○ Job applicant ○ Not sure					
Select your request type by choosing at least one option.*					
Request to know:					
What specific pieces of your personal information have been collected. (Note: If selected, you may be required to provide additional proof of identification before a response will be provided.)					
What categories of your personal information have been collected. This includes the sources from which that information was collected and the third parties that we disclosed it to.					
Request to delete:					
Request to delete your personal information. (Note: You will be required to separately confirm that you want your personal information deleted before your request will be processed.					
Request to correct:					
Request to correct your personal information.					
Please identify the personal information to be corrected and enclose any supporting documentation necessary to verify your request.*					

Submit a privacy request





	Fields w	ith an asterisk (*) are required.				
	rieius w	itti ali asterisk () are required.				
	Select	your request certification type.*				
Option 1 - I certify that I am making this request on my own behalf and that I am a resident of the						
	Sta	te of California, Minnesota, or Oregon.				
		ase enclose proof of identification, which may include one copy of your driver's license, passport or be identification card. You may redact the driver's license number at your discretion.				
	○ Op	tion 2 - I certify that I am a third-party agent authorized to make this request on behalf of the				
	abo	above-named individual. By making this request, I understand and acknowledge that proof of				
	aut	authorization AND identity verification is required to submit this form. Proof of authority can				
	inc	lude power of attorney or written authorization.				
		ase enclose written permission signed by the individual authorizing you to make this request on his/her alf and proof of the individual's identification.				
		Agent first and last name*				
		Email				
		Phone				
		Agent company name				
		Address line 1*				
		Address line 2				
		Agent city*				
		Agent state*Agent zip code*				
		I declare, under the penalty of perjury, that the information I have provided is accurate				
		and complete to the best of my knowledge.*				

California, Minnesota, and Oregon residents only - California, Minnesota, and Oregon allows their residents to request to know more about how a business treats their personal information, to request to correct their personal information, and, in certain cases, to request to delete that personal information. A business may not disclose or delete a consumer's personal information if that information was collected, processed, or disclosed pursuant to the federal Gramm-Leach-Bliley Act, the California Financial Information Privacy Act, or other federal and state laws. Additionally, residents are limited to no more than two (2) requests within any 12-month period. Other exceptions may apply and therefore impact whether or not a business must disclose or delete personal information upon request.

Please note that Guild Mortgage Company does not and will not sell your personal information.

Mail to: