## Wisconsin Department of Safety and Professional Services

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## DEPARTMENT OF PROFESSIONAL CREDENTIAL PROCESSING

## LIST OPT-OUT FORM

Your name, street address or P.O. Box, phone number, and email address are available to the public. If you would like to withhold your street address or P.O. Box, phone number, and email address from lists of 10 or more credential holders you may select this option within your initial or renewal application or complete and submit this form. Email completed form to <u>dsps@wisconsin.gov</u>. Please include "Opt-Out" in the subject line of your email.

Application or Credential Number(s)			
Last Name	First Name	MI	Former / Maiden Name(s)
Email Address		Phone Number	
By signing and submitting this form I request that my street address or P.O. Box, phone number, and email address be withheld from lists of 10 or more credential holders.			
Applicant/Credential Holder Signature		Date	