

# Minnesota Board of Dentistry

## DATA REQUEST FORM

Date of Request: \_\_\_\_\_

I am requesting access to data in the following way:

Inspection       Copies       Both (Inspection and Copies)

**NOTE:** Inspection is free, but charges may be incurred for copies.

Please describe the data you are requesting as specifically as possible. (If you need more space, please use the back of this form.):

I am requesting data about myself. (If you check this selection, you must submit proof of identity, such as a driver's license or passport.)

I am requesting data about my minor children or about someone for whom I have been appointed legal guardian. (If you check this selection, you must submit proof of identity and that you are the subject's parent or legal guardian.)

I am requesting data that is not about me. (Contact information is not required, but it will help us respond to your request.)

### Contact Information:

Data subject name: \_\_\_\_\_ Requestor's Signature: \_\_\_\_\_

Parent/Guardian name (if applicable): \_\_\_\_\_

Requestor's Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Return this form to:

Minnesota Board of Dentistry  
335 Randolph Avenue, Suite 250  
St. Paul, MN 55102  
Email: [bridgett.anderson@state.mn.us](mailto:bridgett.anderson@state.mn.us)