



**Minnesota Board of Pharmacy  
DATA REQUEST FORM**

(Do not use this form to request data contained in the Minnesota Prescription Monitoring Program Database. For information concerning requests for such data go to: <https://mn.gov/boards/pharmacy-pmp/forms-help/forms/>)

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

I am requesting access to data in the following way:    Inspection        Copies

**NOTE: The Board has the authority to assess a fee to cover the costs of staff time, materials, or shipment.** Data will be provided electronically unless otherwise requested. Please describe the data you are requesting as specifically as possible. (If you need more space, please use the back of this form.):

Data subject name (if applicable): \_\_\_\_\_

I am requesting data that is not about me.

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.)

**Contact Information:**

Requestor's Name: \_\_\_\_\_ Requestor's Signature: \_\_\_\_\_

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

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

**Staff Verification:**

Identification provided: \_\_\_\_\_

**Return this form to:**

Minnesota Board of Pharmacy  
335 Randolph Ave, Suite 230  
St. Paul, MN 55102

Email: [pharmacy.board@state.mn.us](mailto:pharmacy.board@state.mn.us)  
Fax: (651) 215-0951