

## MAILING LIST REQUEST FORM

*This document may be available in alternative formats upon request.*

Use this form to request a mailing list (Excel document) containing names, license numbers, expiration dates and public contact information of currently active licensees.

The lists\* are \$5 per request. Special requests may incur an additional fee. Include a check made payable to the Minnesota Board of Dentistry.

\*Each list is separated by licensure area. If a request is for multiple licensure areas, the fee would be \$5.00 per area.

### REQUESTOR INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email (**required**): \_\_\_\_\_

Request:

*(Ex: I am requesting a mailing list of all actively licensed dental hygienists in Minnesota.)*

Date: \_\_\_\_\_