

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 addresses of currently active licensees. The lists are \$5 per request. Special requests may incur an additional fee. Include a check or money order made payable to the Minnesota Board of Dentistry.

REQUESTOR INFORMATION

Name: _____

Address: _____

Phone: _____

Email (**required**): _____

Request:

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

Date: _____