



## Opt-Out Request Template

Mail to: LexisNexis Opt-Out Request  
P.O. Box 933  
Dayton, Ohio 45401

Please fill in all required fields. If you currently maintain more than one address or would like any previous addresses removed, please submit an additional request for each address.

(Please Note: Information submitted to LexisNexis as part of an opt-out request will be used solely in fulfillment of that opt-out request and for no other purpose.)

\* indicates a required field

\* First Name: \_\_\_\_\_

\* Last Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

\* Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

\* City: \_\_\_\_\_

\* State: \_\_\_\_\_

\* Zip / Postal Code: \_\_\_\_\_

Telephone Number  
(including area code): \_\_\_\_\_

Social Security Number (the SSN will be used only to  
process your opt-out request.) \_\_\_\_\_

\* **Signature:** \_\_\_\_\_

Check one of the following:

Send me confirmation by U.S. Mail to the above address

DO NOT send me confirmation by U.S. Mail to the above address