

Westlaw Personal Information Request Form

Use this form to request a statement of the information contained about you in Thomson West's public and non-public information databases. When you've completed all the information required on this form, return it, along with a \$20 check or money order and a photocopy of your driver's license or government-issued identification card, to:

Westlaw Public Records
 ATTN: D5-S400 – Personal Information Request
 610 Opperman Drive
 Eagan, MN 55123

Please make checks out to "Thomson West".

You may also fax your request, along with your credit card number, expiration date, and a copy of your driver's license or government issued identification to 651-848-3499.

Please note: the copy of your driver's license or government issued identification will be used only to verify your identity. These copies will be destroyed when the process is complete.

You will receive your statement within 60 days of your request's approval. The statement will be sent to the address listed on your driver's license or government-issued identification card.

PERSONAL INFORMATION	
(Please note: your personal information will only be used to process your request. Providing your Social Security Number will increase our ability to accurately and unambiguously identify records that contain your information)	
* required information	
*First Name:	
*Last Name:	
Middle Initial:	
*Address Line 1:	
Address Line 2:	
*City:	
*State:	
*Zip Code:	
Phone Number:	
Date of Birth:	
Social Security Number:	
Reason for request:	

For office use only
 Date received: _____
 Date processed: _____
 Date driver's license/gov't I.D. destroyed: _____