

Westlaw Public Records Opt-out Form

Use this form to request that Thomson West remove your personal identifying information from our non-public information databases. Your requests will be evaluated if you are a judge, public official, or victim of identity theft, or if personal identifying information exposes you to harm.

When you've completed all the information required on this form, return it to:

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

PERSONAL INFORMATION (Please note: your personal information will only be used to process your opt-out request. While your Social Security Number is not required, including it will increase our ability to accurately 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:	
SSN:	
Reason for request:	

For office use only
Date received: _____
Date processed: _____