REQUEST FOR REMOVAL FROM IOWA LOTTERY VOLUNTARY SELF-EXCLUSION LIST

Pursuant to the Iowa Lottery Policy Regarding Voluntary Self-Exclusion, the Iowa Lottery will accept this form on or after July 1, 2017.

An individual can revoke a voluntary self-exclusion with the lottery only if the person signed an lowa Lottery self-exclusion agreement on June 30, 2017, or before <u>AND</u> the person has been on the lottery's self-exclusion list for at least five years as of the date of this application. An application submitted prior to the expiration of the five-year exclusion period will not be processed and will not be kept on file.

Please complete the following information:

First Name:		
Last Name:		
Former Name(s) or Nicknames:	· · · · · · · · · · · · · · · · · · ·	
Street Address:		
City:	State:	Zip Code:
Last 4 Digits of Your Social Security #:		
Date of Birth: mm/dd/yr: / / / /		
Approximate Date of Lottery Self-Exclusion (s	specific date v	vill be verified):
Email Address:		
Driver's License #:	Sta	ate Issued:
I understand that the Iowa Lottery a employees, agents, retailers, affiliates, co and assigns shall not be liable to any per	ontractors, lic	
I understand that removal from the lo effective until this form has been process Lottery confirming my removal from the li	sed and I hav	•
I certify under penalty of perjury that the Social Security Number entered above true and correct to the best of my knowle	ve are my ow	rson listed above, the last four digits of n, and that the above information is
Signature		Date

Paper forms must be submitted to: lowa Lottery 13001 University Ave. Clive, lowa 50325