



Mississippi State Board of Massage Therapy
Post Office Box 20, 353 S. 4th Street, Morton, MS 39117
director@msbmt.state.ms.us

OPT OUT NOTIFICATION REQUEST

Date: _____

Your Name: _____ License Number: _____

Current Mailing Address: _____

Email Address: _____

As indicated by my signature below, I am opting out of the directory or labels of current licensed massage therapist.
I am aware that this listing is made available to CEU providers licensed with the Board and other massage related services at the discretion of the Board, and pursuant to the Public Information Act [AG Opinion 2014-00029, January 31, 2014] and upon written request or upon online request and payment of the required fee [Rule 2.5].

This request shall extend from this date indicated above to:

_____ Indefinitely, until written notification is provided in writing by me
_____ Specify end date: _____

Please let me know as soon as possible if you need any additional information from me to implement my opt-out request.

Signature: _____

Print Name: _____

FOR MSBMT OFFICE USE ONLY:

DATE RECEIVED: _____ DATE IMPLEMENTED: _____