



Wisconsin Department of Public Instruction
**NON-RELEASE OF
 PERSONALLY IDENTIFIABLE DATA**
 From the Teacher Licensing Database
 PI-1662-A (Rev. 07-18)

INSTRUCTIONS: Complete and return to:
WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
TEACHER LICENSING
PO BOX 7841
MADISON, WI 53707-7841

This form is intended for use **only** by those persons whose life or safety would be endangered by release of their home address or home telephone number.

INFORMATION

The State of Wisconsin is known for its open and accessible government. As a state agency, the records collected and maintained by the Department of Public Instruction and the State Superintendent are subject to the open records law, Wis. Stats. §19.35. The open records law requires public agencies to make its records available for public inspection unless a specific exception to the law applies. Periodically, Teacher Licensing receives open records requests seeking home addresses and home telephone numbers of individuals who possess or have applied for a DPI educator license. As this is a public record, the department is required by law to release this information, unless an exception under the law allows us to keep the information private. The only exception in the law to prevent the release of this information is if the release of the personally identifiable information will endanger an individual's life or safety.

Therefore, the following nondisclosure request form has been developed to protect the minority of people who could be in danger if their home address and telephone number is released. This information may only be withheld if release of the information will endanger an individual's life or safety. (Note that you must sign this form in the presence of a notary public.)

REQUEST FOR NON-DISCLOSURE

If the Department of Public Instruction, Teacher Licensing Team, receives an open records request which would **include my home address or home telephone number, I HEREBY REQUEST** that you **do not disclose** my home address and telephone number. Disclosure of this information may endanger my safety or the safety of another person; therefore it is exempt from the open records law under sec. 19.35(1)(am)2(a). If the circumstances change and the release of my home address and telephone number would no longer endanger me or others, I will rescind the non-release request by submitting form PI-1662-B to the DPI Teacher Licensing Team.

1. Printed Full Name	3. Last 4-Digits of Social Security Number** or Entity Number For Identification Purposes Only
2. Previous Name(s) <i>If applicable</i>	

4. Home **Street** Address

5. Home City, State, and Zip	6. Date of Birth (<i>Mo./Day/Yr.</i>)	7. Primary Telephone Area/No.
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SIGNATURE/NOTARIZATION

I HEREBY ACKNOWLEDGE that under the provisions of s.19.35(1)(am)(2), Wis. Stats., whereby release of personally identifiable information would endanger my safety or the safety of another individual, I am entitled to request non-release of such information.

Name <i>Print or type</i>	Sworn and signed before me this _____ day of _____
Signature (<i>Sign in blue or black ink, in presence of a Notary Public</i>)	in the year _____.
Last 4-Digits of Social Security No.** or Entity Number	Notary Public, _____
	My commission expires on _____

You will receive a written notification from the DPI Teacher Licensing Team when your request has been processed. If your mailing address will be different from the home address entered above, please enter new address below. If you have not received written confirmation within 30 days of submitting your request, please contact the **DPI Teacher Licensing Team** at **1-(800)-266-1027** for assistance.

Mailing (Street, City, State, Zip) **Address** Complete only if different from Home Address above.

**Collection of social security number is requested for official purposes only and will not be released without written permission.