

**MD5M  
INFORMATION OPT-OUT FORM**

I have received and have had an opportunity to review the Multiple District 5M (MD5M) Notice of Privacy Policy, which describes how my personal information may be used. I understand that I have the right to restrict the use of some or all of my personal information. In accordance with the MD5M Notice of Privacy Policy, I hereby request that the following information be removed from any distribution or mailing list (check all that apply):

- ☐ Email address
- ☐ Mailing address
- ☐ Home phone number
- ☐ Work phone number
- ☐ Cell phone number

I understand that this Information Opt-Out Form will remain in effect until I complete a new Information Opt-Out Form.

Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_