



# Missouri List of Disassociated Persons Change of Information

(also known as the Voluntary Self-Exclusion Program)

**For MGC Office Use Only:**  
VCode: \_\_\_\_\_

## Instructions - Read carefully

- Print legibly in blue or black ink.
- Include a (clear/legible) copy of current driver's license or other government-issued photo identification card.
- Mail (or fax) completed form (and copy of ID) to: Missouri Gaming Commission, ATTN: DAP  
PO Box 1847  
Jefferson City, MO 65102  
Fax: 573 / 526-1999, ATTN: DAP

Name: \_\_\_\_\_ VCode (if known): \_\_\_\_\_

## Please Check and Change All That Apply:

**Change of Name:**

Previously Known As:

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Last: \_\_\_\_\_

Suffix:  Jr.  Sr.  II  III  IV

New Full Legal Name Of Disassociated Person:

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Last: \_\_\_\_\_

Suffix:  Jr.  Sr.  II  III  IV

**Change of Address:**

Previous Address: \_\_\_\_\_

County of Residence

Street, Apt. / PO Box

City State

Country / Province Zip / Postal Code

New Address: \_\_\_\_\_

County of Residence

Street, Apt. / PO Box

City State

Country / Province Zip / Postal Code

**Change of Social Security Number (SSN):**

Previous SSN: \_\_\_\_\_

New SSN: \_\_\_\_\_

In accordance with Section 5 of the Privacy Act, 7 U.S.C. 522a, disclosure of your Social Security Number ("SSN") to the MGC is voluntary. Failure to provide your SSN is not grounds for denial of your request for removal from the List of Disassociated Persons; however, omission of your SSN may increase processing time. If provided, your SSN may be disclosed to appropriate personnel of MGC and Missouri licensed casinos to enforce rules of 11 CSR 45.

**Change of Telephone Number(s):**

Primary Phone: Previous: \_\_\_\_\_

New: \_\_\_\_\_

Cell Phone: Previous: \_\_\_\_\_

New: \_\_\_\_\_

Home Phone: Previous: \_\_\_\_\_

New: \_\_\_\_\_

Work Phone: Previous: \_\_\_\_\_

New: \_\_\_\_\_

**Change of Email Address:**

Previous: \_\_\_\_\_

New: \_\_\_\_\_

**Change of Physical Description, Noticeable Physical Characteristics ~ Describe Physical Change:**

**Change of Other Information:**

## Acknowledgement

I certify that all information I have provided above is true and accurate. A copy of my current driver's license (or other government-issued photo identification card) is attached.

I further certify that I am the individual who voluntarily requested self-exclusion through the List of Disassociated Persons.

Signature of Disassociated Person

Date

