



# Permanent Self-Exclusion Form

- Self-Exclusion is **permanent**.
- The excluded individual can no longer be active on Game Play Network, Inc. products.
- The excluded individual will never be able to open another Game Play Network, Inc. account.
- Self-exclusion must be completed in writing by, filling out this form in-full or composing a letter, and submitting it via any of the following methods:

- 1) Mail to: 14725 SW Millikan Way, Beaverton, OR 97006
- 2) Electronically upload to: <https://bspot.sharefile.com/r-rf7b9d9a3bf940b3b>
- 3) Fax to: (503) 350-0232

### All submissions must include the following:

Date: \_\_\_\_\_  
(MM/DD/YYYY)

Social Security #: \_\_\_\_\_  
(For identity verification purposes)

Full Name: \_\_\_\_\_  
First | Middle | Last

b spot # \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Current Address: \_\_\_\_\_  
(Street , City, State, Zip)

### Include a photo copy of your current driver's license or state ID card (attach to this form)

**-OR, if not providing driver's license or state ID card**

Full name: \_\_\_\_\_  
First | Middle | Last

Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Pervious name(s): \_\_\_\_\_  
First | Middle | Last

### To Self Exclude you must complete the following statement:

I \_\_\_\_\_, wish to permanently self-exclude from Game Play Network, Inc. I am fully aware of the ramifications of doing this.

Printed Name: \_\_\_\_\_

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

Date: \_\_\_\_\_  
(MM/DD/YYYY)

### \*The section below is for Game Play Network, Inc. staff. Do not complete.

Approval Status: \_\_\_\_\_

Agent Name: \_\_\_\_\_

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

Date: \_\_\_\_\_  
(MM/DD/YYYY)

Approver Name: \_\_\_\_\_

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

Date: \_\_\_\_\_  
(MM/DD/YYYY)