

# Program Withdrawal Request Form

## Safe at Home Address Confidentiality Program

### Department of State

State of Tennessee

312 Rosa L. Parks Avenue, 6th Floor

Nashville, Tennessee 37243

Phone: 615-253-3043

sos.tn.gov/safeathome



Tre Hargett  
Secretary of State

This form should be used only where a Program Participant no longer wishes to participate in the program and would like to withdraw from the program. This form must be properly notarized. This form may be submitted by mail to the address above or via email to [TNSOS.SAFE@tn.gov](mailto:TNSOS.SAFE@tn.gov).

### PARTICIPANT INFORMATION

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Participant ID#: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Parent or Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **Participant's Mailing Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Co-Applicants:** List the name, date of birth, and Participant ID for any Co-Applicant who resides within your home and who you wish to remove from the program. Co-applicants may be the Program Participant's minor children, legal dependents or legal guardians.

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Participant ID: \_\_\_\_\_

Does the Program Participant wish to withdraw from the Safe At Home Address Confidentiality Program?

Yes  No

If yes, this means that your residential address will no longer be treated as confidential, that the Secretary of State will no longer accept or process mail received on your behalf, that you will no longer have access to the substitute address, and that you must now provide your residential address on all public records in which such is required. Do you understand the effects of withdrawing your participation?

Yes  No

Do you understand that it is your responsibility to notify all state agencies or other entities using the substitute address that this address is no longer valid?

Yes  No

**PARTICIPANT INFORMATION**

The Program Participant must designate one of the following:

- The Coordinator of Elections is requested to treat my voter registration in the same manner as other voter registrations.
- The Coordinator of Elections is requested to cancel and purge my current voter registration.

Please state your reason(s) for seeking to withdraw from the Safe At Home Address Confidentiality Program. (This is optional.)

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**PARTICIPANT SIGNATURE**

State of Tennessee, County of \_\_\_\_\_ . Affiant makes oath or affirmation as follows:

- By checking this box, I attest that the information contained within this application is true and correct to the best of my knowledge.

<b>Affiant's Signature</b>	Date
<b>Notary Signature</b>	My Commission Expires: _____
Sworn to and subscribed before me this  _____ day of _____,  20____.	Affix Notary Seal Here