

South Carolina Board of Social Work Examiners – Licensee List Request

Please complete this form and return with payment to PO Box 11329, Columbia, SC 29211-1329. The fee for each list is \$10. Make checks payable to SC Board of Social Work Examiners.

Mailing preference:

E-Mail _____

STATEMENT OF COMPLIANCE WITH THE SOUTH CAROLINA FAMILY PRIVACY PROTECTION ACT OF 2002

Section 30-2-50 of the Code of Laws of the State of South Carolina provides that no person or private entity shall knowingly obtain or use any personal information obtained from a public body for commercial solicitation. **The South Carolina Department of Labor, Licensing and Regulation gives notice to you, as a requester of records from this agency, that obtaining or using these public records for commercial solicitation is prohibited.**

Commercial solicitation means contact by telephone, mail or electronic mail for the purpose of selling or marketing a consumer product or service. State law requires agencies to take measures to ensure no personal information is distributed for unlawful purposes. Please select your intended use for the requested information:

_____ Offering membership in a credit union;

_____ Notification of continuing education opportunities;

_____ Selling or marketing banking, insurance securities, or commodities services provided by an institution or entity defined in or required to comply with the Federal Gramm-Leach-Bliley Financial Modernization Act, 113 Stat. 1338;

_____ Contacting persons for political purposes using information on file with state and local voter registration offices; or

_____ Other (Explain) _____

Any person who knowingly uses public records for commercial solicitation is guilty of a misdemeanor and, upon conviction, must be fined an amount not to exceed five hundred dollars or imprisoned for a term not to exceed one year, or both. For a complete copy of the South Carolina Family Privacy Protection Act of 2002, visit <http://www.scstatehouse.net/code/t30c002.htm>

I hereby certify that I have read the above information regarding the South Carolina Family Privacy Protection Act of 2002, and that I will not use any of the information obtained from the South Carolina Department of Labor, Licensing and Regulation for commercial solicitation.

Company Name _____ Phone No. _____

Mailing Address _____

City _____ State _____ Zip Code _____

Print Name

Signature

Date