



**TENNESSEE VOLUNTARY SPORTS WAGERING  
SELF-EXCLUSION APPLICATION**

Please print clearly (Illegible or incomplete forms may not be processed):

First Name:		Middle Name:
Last Name:		Social Security Number:
Home Address:		Date of Birth (mm/dd/yyyy):
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Driver's License # and State:
Email:		Sex (M / F):
Additional Information (e.g. preferred name or other names used):		

***Please include (1) a copy of your Driver's License and (2) a selfie photo holding your ID.***

I wish to cease all online sports wagering activities for the timeframe selected below. I understand that this means I am not merely closing my account with one operator, but I am opting out of **ALL** online sports wagering with **ALL** operators licensed in Tennessee for the selected timeframe below:

1 year                      3 years                      5 years

Upon receipt of this completed form, the Tennessee Sports Wagering Council will share your identifying information with all sports wagering operators licensed in Tennessee. Please be aware that some operators might enact responsible gaming programs that are stricter than Tennessee's self-exclusion program for both land-based gaming and online sports wagering and/or gaming, and those operators may also exclude you from gambling or wagering in other states. **ACCORDINGLY, YOU SHOULD BE AWARE THAT A CASINO, ONLINE OPERATOR OR SPORTSBOOK MAY, AS A CONSEQUENCE OF YOUR SIGNING UP FOR AN ONLINE SPORTS WAGERING BAN IN TENNESSEE, BAN YOU FROM ALL OF ITS LAND-BASED PROPERTIES AS WELL AS ALL OF ITS ONLINE GAMING AND ONLINE SPORTSBOOKS, EVEN THOSE IN OTHER STATES. YOU COULD ALSO FORFEIT ANY REWARDS POINTS YOU MAY HAVE EARNED IN TENNESSEE OR ELSEWHERE.**

I hereby certify that I have read and that I understand and agree to the above terms and conditions.

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

**Mail completed form, a copy of your driver's license, and a selfie photo holding your ID to:**

Tennessee Sports Wagering Council  
C/O: Self-Exclusion Program  
312 Rosa L. Parks Ave., 8<sup>th</sup> Floor  
Nashville, TN 37243

-or-

**Email completed form, a copy of your driver's license, and a selfie photo holding your ID to:**

[SWAC.Tech@tn.gov](mailto:SWAC.Tech@tn.gov)

Subject: Self-Exclusion Program