



Withdrawal of Agreement for Email Communication

If you have previously signed an agreement for email communication and no longer wish to communicate via email, please complete the form below and deliver in person or send by U.S. mail to:

Marquette University Medical Clinic
Schroeder Complex, Lower-level
545 N. 15th St.
Milwaukee, WI 53233

I no longer wish to communicate via email

Date: _____

Name (print name): _____

Email address (print): _____

Signature: _____