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REQUEST TO VIEW
MENTAL HEALTH RECORDS
FOR THE PURPOSE OF CHALLENGE

I hereby authorize the Department of Public Safety, Records and Technology Division to allow me to review any possible mental health records in the National Instant Criminal Background Check System database to ensure said records are accurate, sufficient and complete in all material respects.

Today's Date: _____

Subject of Record: Please provide below the full name of the subject with a possible mental health record. (Please print)

First Name: _____ **Middle Name:** _____
Last Name: _____ **Social Security Number (optional)** _____
Height: _____ **Weight:** _____ **Race:** _____ **Sex:** _____
Hair Color: _____ **Eye Color:** _____ **Date of Birth:** _____ **Place of Birth:** _____

Signature of Subject

The use of this form is intended to safeguard the rights of the signatory and ensure the confidentiality of the requested information against non-authorized disclosure. An \$18.45 certified check or money order made payable to the Department of Public Safety must accompany each request.