



Nevada Department of  
**Public Safety**

Records, Communications and  
Compliance Division

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Carson City, Nevada 89706

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[www.rccd.nv.gov](http://www.rccd.nv.gov)

**REQUEST TO VIEW MENTAL HEALTH RECORDS  
FOR THE PURPOSE OF CHALLENGE**

I hereby authorize the Department of Public Safety, Records, Communications and Compliance Division to allow me to review any possible mental health records that have been supplied to their office to put into the National Instant Criminal Background Check System pertaining to cases adjudicated in the state of Nevada 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:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Sex:** Male Female

**Hair Color:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

**Social Security Number (optional):** \_\_\_\_\_

**Complete Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**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. A certified check or money order for **\$18.45** made payable to the Department of Public Safety must accompany each request.

**PLEASE DO NOT MODIFY OR CHANGE THIS FORM**