



Records, Communications and Compliance Division
333 West Nye Lane, Suite 100
Carson City, Nevada 89706
Telephone (775) 684-6200 – Fax (775) 687-3419

**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 the information below on the subject with a possible mental health record. (Please print)

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Height: _____ **Weight:** _____ **Race:** _____ **Sex:** **Male** **Female**

Hair Color: _____ **Eye Color:** _____ **Place of Birth:** _____

Date of Birth: _____ **Soc. Sec. Number (optional):** _____

Mailing Address:

Phone Number: _____ **Email:** _____

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