

Mental Health First Aid USA™ Data Request Form

Please allow up to three weeks for your request to be processed.

(Please type or print. Sign and date below where indicated)

Requester name		Requestor title	
Organization/Institution			
Email Address		City	State ZIP Code
Telephone number <i>(include area code)</i>		Date of request *	Date of requested delivery
Organization requesting information for		State/Zip Codes requesting information for (include ALL relevant zip codes)	

Please indicate your data user category:

- Researcher
- Policymaker
- Mental/Behavioral Health Organization
- State Department Official
- Other Government Official

Please Specify _____

- Education Institution Official
- Media/Press
- Other

Please Specify _____

If you are associated with a state, institution or organization that currently offers Mental Health First Aid™ training are you requesting data that pertain only to the instructors or first aiders over which you have jurisdiction?

- Yes
- No

Data being requested (please be as detailed as possible) ****We may be unable to provide all the details you request****

Data request rationale/purposes for which data will be used