**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 *(include area code)* |  | 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