**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