

# Data Request Form

Complete this form to request data from Mental Health First Aid (MHFA). Be as specific as possible in your request. We may not be able to provide all data requested. Please allow up to three weeks for your request to be processed.

Requester name \_\_\_\_\_ Requester title \_\_\_\_\_

Requester organization \_\_\_\_\_

Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone number (with area code) \_\_\_\_\_ Date of request \_\_\_\_\_

Organization for which you're requesting information \_\_\_\_\_

States and ZIP codes for which you're requesting information \_\_\_\_\_  
(include ALL relevant ZIP codes)

## WHO WILL USE THE DATA?:

Researcher

Policymaker

Mental Health and/or Substance Use Treatment Organization

Educational Institution

Media/Press

Federal Government (Please Specify) \_\_\_\_\_

State Government (Please Specify) \_\_\_\_\_

Local Government (Please Specify) \_\_\_\_\_

Other (Please Specify) \_\_\_\_\_



**ARE YOU REQUESTING DATA THAT PERTAIN ONLY TO THE INSTRUCTORS AND/OR FIRST AIDERS ASSOCIATED WITH A SPECIFIC STATE, INSTITUTION OR ORGANIZATION?**

Yes

No

**WHAT DATA ARE YOU REQUESTING?**

**WHY ARE YOU REQUESTING THIS DATA?**