

Brian Sandoval  
Governor



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Julie Butler  
Division Administrator

**REQUEST TO VIEW**  
**MENTAL HEALTH RECORDS**  
**FOR THE PURPOSE OF CHALLENGE**

I hereby authorize the Department of Public Safety, General Services Division to allow me to review any possible mental health records in the National Instant Criminal Background Check System database to ensure said records are accurate, sufficient and complete in all material respects.

**Today's Date:** \_\_\_\_\_

**Subject of Record:** Please provide below the full name of the subject with a possible mental health record. (Please print)

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Hair Color:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_ **Social Security Number (optional)** \_\_\_\_\_

\_\_\_\_\_  
**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.

Revised 05/15/15

Brady Form: M003