



# CONSENT FOR MENTAL HEALTH RECORDS SEARCH, continued

## PART ONE (To be completed by the applicant), continued

<b>Name:</b> (Last, Maiden, First, MI) _____	<b>Gender</b> _____	<b>Date of Birth</b> (Month-Day-Year) _____	<b>Social Security #:</b> *See Privacy Act Notice below. _____
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<b>Address #:</b> <u>  3  </u> <i>From:</i> _____ <i>To:</i> _____			
(Number & Street)	(Municipality)	(County)	(State)

<b>Address #:</b> <u>  4  </u> <i>From:</i> _____ <i>To:</i> _____			
(Number & Street)	(Municipality)	(County)	(State)

<b>Address #:</b> <u>  5  </u> <i>From:</i> _____ <i>To:</i> _____			
(Number & Street)	(Municipality)	(County)	(State)

<b>Address #:</b> <u>  6  </u> <i>From:</i> _____ <i>To:</i> _____			
(Number & Street)	(Municipality)	(County)	(State)

<b>Address #:</b> <u>  7  </u> <i>From:</i> _____ <i>To:</i> _____			
(Number & Street)	(Municipality)	(County)	(State)

<b>Address #:</b> <u>  8  </u> <i>From:</i> _____ <i>To:</i> _____			
(Number & Street)	(Municipality)	(County)	(State)

<b>Address #:</b> <u>  9  </u> <i>From:</i> _____ <i>To:</i> _____			
(Number & Street)	(Municipality)	(County)	(State)

<b>Address #:</b> <u> 10 </u> <i>From:</i> _____ <i>To:</i> _____			
(Number & Street)	(Municipality)	(County)	(State)