

CONSENT FOR MENTAL HEALTH RECORDS SEARCH, continued

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

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

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

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

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

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

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

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

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