



Minnesota Board of Psychology

DATA REQUEST FORM

Date of request: _____

I am requesting access to data in the following way:

Inspection Copies Both (inspection and copies)

Note: Inspection is free but charges may be incurred for copies.

Please describe the data you are requesting as specifically as possible (If you need more space, please use the back of this form):

- I am asking for data about myself or my minor children**, or about someone for whom I have been appointed legal guardian. If yes, you must show proof of identity (a picture ID, such as a driver's license or passport).
- I am asking for data that is not about me.** Contact information will help us respond to your request, but you are not required to provide it.

Name: _____ Signature: _____

Address: _____

Phone Number: _____ Email: _____

You do not have to provide any of the above contact information. However, if you want us to mail you copies of data, we will need some type of contact information. In addition, if we do not understand your request and need to get clarification from you, without contact information we will not be able to begin processing your request until you contact us.

Return this form to:

Minnesota Board of Psychology
2829 University Avenue SE, Suite 320
Minneapolis, MN 55414

Fax: 612-617-2240
Email: psychology.board@state.mn.us