

Application for Identity Protection

Part A – Applicant information

Role: Reporter Complainant Record holder
 Patient Other (*please specify*): _____

Full name: _____

Part B – Supportig documentation

Police report Screenshots/emails/messages Other (*please specify*): _____

Part C – Reason for request

Provide clear and detailed reasons why you are seeking an identity protection order. Identify any risk of adverse consequences if your identity is disclosed.

Signature: _____ Date (*mm/dd/yy*): _____