

### Request for Full File Disclosure

**Please Note:**

- Please provide all information requested, so that we may properly process your order. At a minimum you will need to provide your name, address, and one of the following: social security number or driver's license number.
- You may only order information on yourself, a minor or someone whom you have legal authority over.
- You must be 18 years or older to request a file disclosure.
- **Send the completed order form, identification and address verification documents to the address above.**

#### Section I: Consumer Information

**FULL NAME:**

Last Name	First Name	Middle Name	Suffix (Sr., Jr., III)
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**ALIAS OR MAIDEN NAME (past 10 years):**

Last Name	First Name	Middle Name	Suffix (Sr., Jr., III)
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Date of Birth:      /      /      Social Security Number:      —      —  
                                 Month / Day / Year

Driver's License Number: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

State where Driver's License was issued: \_\_\_\_\_

#### Section II: Address Information

**CURRENT ADDRESS:**

Apt Number	Street Number	Street Name	City	State	Zip Code
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**MAILING ADDRESS:**

Apt Number	Street Number	Street Name	City	State	Zip Code
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**OTHER ADDRESS (past 3 years – please attach additional pages if necessary):**

Apt Number	Street Number	Street Name	City	State	Zip Code
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#### Section III: Contact Information

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_