

Request for Full File Disclosure

Please provide all information requested, so that we may properly process your order. You may request a consumer file disclosure on yourself or another party. If you are requesting on behalf of another party complete the form and provide 1) documents establishing relationship (ex. dated and signed authorization from the individual to request this information, proof of legal guardianship, or evidence of power of attorney); and 2) proof of a minor's identity if requesting on behalf of a minor (ex. government issued ID, birth certificate)

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: _____