

Request for Full File Disclosure**Please Note:**

- Please provide all information requested, so that we may properly process your order.
- You may only order information on yourself, a minor or someone whom you have Power of Attorney 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):

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: _____

Before Mailing, check to ensure you are providing all of the following documents:

- This request form, fully completed and signed
- Proof of Identity (see letter mailed to you with this form)
- Proof of Mailing Address (see letter mailed to you with this form)