



## Consumer Request for Copy of Their Report

Note: Consumer must be able to validate their identity by completing the fields on this form and answer the security questions by our researchers when they call you upon receiving this form

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Last name:	
First name:	
Middle name:	
Current address:	
Prior address:	
Social security #:	
Email:	
Home phone:	
Cell number:	
Date of birth:	
Name of place applied	
Work phone:	
Employer:	
Spouse name:	
Spouse social security #:	
Oldest child's name:	
Favorite pet's name:	

I certify that I am the consumer in which a background check was requested and provided by VeriScreen and I acknowledge that any attempt to obtain someone else's background check for any reason will be subject to any and all laws that apply in the state in which an application was made.

Electronic Signature	
Date Signed	