**Consumer Request For Report On File**

**Please Specify:**

**[ ] I am requesting a copy of the consumer report that CriminalRecordCheck prepared about me most recently.**

**[ ] I am requesting a copy of the consumer report that CriminalRecordCheck prepared about me on the following date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**[ ] I am requesting a copy of the consumer file that CriminalRecordCheck possesses on me, which includes any reports issued about me, investigative notes, and other documents required to be turned over under Section 609 of the Fair Credit Reporting Act and/or state law.**

**================================================================================**

**Information About Me**

Full Name: First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check one if applicable: □ Jr. □ Sr

Maiden Name (If Applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security or Individual Tax Identification Number (ITIN): \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_  
  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers: Home(\_\_\_)\_\_\_\_\_\_\_\_\_\_ Work (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_ Cell (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proof of Identity**

To help CriminalRecordCheck verify my identity, I understand I must provide a **copy** of **one** of the following documents either by emailing a PDF to mdavis@mycrc.com, faxing a copy to 800-650-5992, or mailing a copy to CriminalRecordCheck.com, PO Box 90998, Raleigh, NC 27675-0998. ATTN: Miles Davis.

* Driver’s license
* Non-driver’s license
* Federal or military government- issued photo ID
* Social security card
* Credit card

**Important Note: Please do not send originals of any of the above. If you are not able to provide any of the above to prove your identity, please contact Miles Davis at 877-272-0266 X 0 to discuss possible alternatives.**

BY SUBMITTING THIS FORM, I AGREE THAT I AM THE PERSON NAMED ABOVE AND I UNDERSTAND THAT IT MAY BE A VIOLATION OF FEDERAL AND/OR STATE LAW TO OBTAIN INFORMATION ON ANY PERSON OTHER THAN MYSELF, AND THAT UNDER THE FAIR CREDIT REPORTING ACT, ANY PERSON WHO KNOWINGLY AND WILLFULLY OBTAINS INFORMATION ON A CONSUMER FROM A CONSUMER REPORTING AGENCY UNDER FALSE PRETENSES CAN BE SUBJECT TO FINES, IMPRISONMENT FOR NOT MORE THAN 2 YEARS, OR BOTH.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_