***DISCLAIMER: This is NOT a disclosure and authorization for a consumer report. This is intended for instructional purposes only and is not intended as legal advice. Please consult legal counsel before using or making changes to this template.***

TODAY’S DATE

LAST NAME \_\_\_\_FIRST NAME\_\_\_\_\_\_\_\_ MIDDLE\_\_\_\_\_\_\_\_

Please List Other Names Used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS

CITY COUNTY STATE ZIP\_\_\_\_\_\_\_\_\_\_

SSN D/L or STATE ID STATE ISSUED

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS

For identification purposes only, please provide FULL DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_