

Please print legibly in blue or black ink.

SECTION A: Type of Request

(Check one of the following)

I am requesting a copy of my consumer file which was produced by HireSafe in connection with employment:

- (a) ☐ I wish to receive a copy of my consumer report produced by HireSafe within the previous sixty (60) days. *(Proceed to section B)*
- (b) ☐ I wish to challenge the accuracy of a consumer report produced by HireSafe and/or I have been notified of an adverse action based on information in my consumer file and have enclosed the qualifying information. *(Proceed to section B)*

I qualify for a free copy of my National Credit Bureau consumer file because:

- (c) ☐ I suspect my file may contain fraudulent information or I may be the victim of Identity Theft.
- (d) ☐ I can certify in writing that I am unemployed or currently receiving public assistance.

For this type of your consumer file, contact the three national credit bureaus directly: Equifax; Experian and TransUnion.

SECTION B: Where/With Whom You Applied

Complete this section if you checked boxes (a) or (b) above.

Housing/Employment application date: _____

Prospective Landlord/Employer name: _____

Contact Person: _____ Phone Number: (____) _____

Street Address: _____

City: _____ State: _____ Zip: _____

SECTION C: Consumer Identifying Information

Include a copy of your valid and verifiable, government-issued photo identification for faster processing of your request. *(i.e. passport, driver's license)*

Full Name:

First: _____ Middle: _____ Last: _____

(Check if applicable): ☐ Jr. ☐ Sr. Date of Birth: _____

List Maiden or Other Names Used: _____

Social Security Number of Individual Tax Identification Number (ITIN): ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Phone Numbers: Home (____) _____ Work (____) _____ Mobile (____) _____

List all addresses where you have resided over the past seven years: (Information will be mailed to the current address.)

1. Current Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

2. Previous Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

(Form continues on next page)

3. Previous Street Address: _____ Apt. #: _____
City: _____ State: _____ Zip: _____

4. Previous Street Address: _____ Apt. #: _____
City: _____ State: _____ Zip: _____

5. Previous Street Address: _____ Apt. #: _____
City: _____ State: _____ Zip: _____

6. Previous Street Address: _____ Apt. #: _____
City: _____ State: _____ Zip: _____

7. Previous Street Address: _____ Apt. #: _____
City: _____ State: _____ Zip: _____

SECTION D: Third Party Request and Identifying Information

(Complete only if you want to have your consumer file released to someone other than yourself. Check the boxes that apply.)

In order to protect your privacy rights, the Fair Credit Reporting Act (FCRA) requires that we obtain your written consent authorizing disclosure of the contents of your consumer file to a third party representative. Upon receipt of this form, we will be happy to assist you and your representative on any matter concerning your consumer file.

☐ I authorize the disclosure of the contents of my consumer file to the third party indicated below.

Third party's relationship to you: _____

Third Party's Full Name:

First: _____ Middle: _____ Last: _____

Full Current Address: (Information will be mailed to this address.)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Home (____) _____ Work (____) _____ Mobile (____) _____

SECTION E: Request for Alternate Disclosure Method

☐ I wish to authorize disclosure of my file in a manner other than by mail. *(Check one of the following)*

☐ By Telephone: (____) _____ ☐ By Facsimile (FAX) at the following number: (____) _____

☐ By other means, as specified: _____

BY SUBMITTING THIS FORM, I AGREE THAT I AM THE PERSON NAMED ABOVE AND I UNDERSTAND THAT FEDERAL LAW PROVIDES THAT ANY PERSON OBTAINING INFORMATION FROM A CONSUMER REPORTING AGENCY UNDER FALSE PRETENSES SHALL BE FINED NOT MORE THAT \$5,000.00 OR IMPRISONED NOT MORE THAN ONE (1) YEAR, OR BOTH.

I swear, under penalty of law, that to the best of my knowledge, the information provided above is true and correct.

Signature: _____

Date: _____

Printed Name: _____

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