

Complete the form below and Mail/Fax/Email the signed and completed form along with a copy of your ID (Driver License, Social Security Card, military ID card, etc) to:

Justifacts Credential Verification, Inc.
Compliance Department
5250 Logan Ferry Rd.
Murrysville, PA 15668
Fax: 412-798-4799
compliance@justifacts.com

You may also appear in person at our office located above during normal business hours (8:00 – 5:00 EST) and with reasonable notice.

Please make sure to include a copy of your ID.

All requests are handled by the Justifacts Compliance Department. You may check on the status of your request by contacting the Compliance Department at 800-356-6885, Monday to Friday 8:00 AM to 5:00 PM EST

Copy of Background Report Request Form

Please print legibly and in blue or black ink, and sign. This form is to request a copy of your background report.

Applicant/Consumer Information

Full Name: First: _____ Middle _____ Last _____

Date of Birth: ____ / ____ / ____ Email: _____

Social Security Number: ____ - ____ - ____

Current Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Phone: _____

Report # (if known): _____

The report copies will be mailed via US Mail to the address listed above. If you wish to have your report delivered in another method, please choose below:

I request that my report be sent via email, using email address listed above

I request that my report be faxed to _____. I acknowledge that this is a secure fax line and that Justifacts is not responsible for any fees associated with the fax.

I state and attest that to the best of my knowledge, the information provided above is true and correct.

Signature: _____ Date: _____

Print Name: _____