

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](mailto: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: \_\_\_\_\_