



Employment Screening Resources

FACT ACT COMPLIANCE REQUEST FORM

In order for us to properly process your request, please complete all the information on this form. Click on the appropriate line, fill it in and tab to the next line, then print out the form, sign where indicated and fax it to 1-800-399-5423. If you have any questions, please contact us at 1-888-999-4474.

Thank You.

Full Legal Name: [ ] \_\_\_\_\_
Social Security Number: [ ] \_\_\_\_\_
Date of Birth: [ ] \_\_\_\_\_
Full Address: [ ] \_\_\_\_\_
[ ] \_\_\_\_\_
Phone Number: [ ] \_\_\_\_\_
Company you applied for employment with: [ ] \_\_\_\_\_
[ ] \_\_\_\_\_
Drivers license number: [ ] \_\_\_\_\_
State of Issue: [ ] \_\_\_\_\_
Date of Issue: [ ] \_\_\_\_\_
Name as it appears on the Drivers License: [ ] \_\_\_\_\_

(If you do not have a drivers license but you have a state issued identification, please provide this same information.)

Date of your application: [ ] \_\_\_\_\_

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

Date: \_\_\_\_\_