



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: _____