

DISCLOSURE REQUEST INSTRUCTIONS

TO REQUEST A COPY OF YOUR REPORT

In order to obtain a copy of your Confidential Report from Applicant 360, please complete and sign the following *Consumer Disclosure Request* form and return that along with a clear copy of your photo ID (i.e. driver's license) via one of the methods listed below. If you are requesting a copy for a reason under #5 Other, you must mail the form back to us along with a money order payable to Applicant 360 in the amount of \$14.50. Once the *Consumer Disclosure Request* form and copy of your ID (and payment, if applicable) are received we will process the request and will return the copy of the report to you via the method you indicate on the form.

TO RETURN THE COMPLETED FORM AND ADDITIONAL INFORMATION TO APPLICANT 360

Option 1 - Fax all to toll-free fax (877) 382-2583 ATTN: Compliance Dept.

Option 2 - Mail all to the address listed on the form.

If you have any questions, please feel free to contact us:

Applicant360

5635 Hoover Blvd.

Tampa, FL 33634

Phone: (877) 963-2583

Fax: (877) 382-2583

DISCLOSURE REQUEST

Complete and return this form by mail to:

**Applicant 360
Compliance Department
5635 Hoover Blvd.
Tampa, FL 33634**

If your reason for disclosure is number (5) below, you must enclose a money order in the amount of \$14.50 payable to Applicant360. Upon receipt of this form, the requested information will be mailed directly to you at the address you provide.

I request the disclosure of the information on myself in the Agency's files.

REASON FOR DISCLOSURE: (check one)

1. _____ Employment denied or terminated within the past 60 days
by _____ (name of Company) (no charge).
2. _____ I am unemployed and plan to seek employment within 60 days (no charge).
3. _____ I am a recipient of public welfare assistance (no charge).
4. _____ My report contains inaccurate information due to fraud (no charge).
5. _____ Other (explain) _____

(charge is \$14.50).

I understand that if the Agency named above is unable to establish proper identification it will decline my request. The following information is required to establish a firm identity:

Name: _____

Date of Birth: _____ **Social Security Number:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

County: _____ **Daytime Telephone Number:** _____

Driver's License* Number: _____ **State of Issuance:** _____

*(A clear, legible copy of your driver's license must be submitted with this form).

I authorize the copy of my report to be returned to me via the following method (select one):

_____ **Mail** (Will be sent to the address listed on photo ID submitted)

_____ **Email Address** (sent via secure download): _____

_____ **Secure Fax Number:** _____

I certify that I am the person named above and I understand that federal law provides that a person who obtains information from a consumer reporting agency under false pretenses shall be liable to the consumer reporting agency for actual damages or \$1000, whichever is greater.

Signature: _____

Date: _____