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Email: info@mbiworldwide.com

REQUEST FOR COPY OF CONSUMER REPORT

Name (Last, First, Middle): _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____ (Month) _____ (Day) _____ (Year)

I, _____ am requesting a copy of the screening report supplied my potential employer/or other agency.

Please send to the following: (mark selection)

Fax: (_____) _____ - _____ Please allow 72 hours to process.

Email: _____ Please allow 72 hours to process.

Mail: _____

_____ Please allow 72 hours to process.

Telephone: (_____) _____ - _____ I authorize a representative with MBI to disclose and/or discuss my consumer report with me verbally, over the telephone. If I have questions, I understand MBI does not provide legal advice. I also understand MBI will request identity verification before discussing my report.

MBI Worldwide requires a copy of a State or Government ID (examples: Driver's License, Passport, State ID). I am aware if I fail to provide proof of my identity MBI will NOT send me a copy of my consumer report to protect each consumer's rights. Return to the address, email or fax listed above.

Signature: _____

Today's Date: _____