



FACT ACT DISCLOSURE REQUEST FORM

- In order for ESR to properly process your disclosure request, please complete the information on this form as requested below.
- After filling it in, print the form, sign where indicated and fax it to 1-800-399-5423, or send it to us by US Mail: Employment Screening Resources, ATT: Consumer Desk, 7110 Redwood Blvd , Ste. C, Novato , CA. 94945.
- If you have any questions, please contact us at 1-888-999-4474 and ask for the Consumer Desk. Trained representatives are available to assist you.

Full Legal Name:	
Provide any 2 of the following 3 pieces of information	
Last 5 digits of your Social Security Number	
Date of Birth:	
Driver's License Number	
Current address needed to send disclosure. Phone number and employer is optional.	
Current Address: City/State/Zip	
Phone Number	
Name of the employer(s) where you applied for work	

Signature: _____

Dated: _____