

Section I: Consumer Information

(Please complete all fields except as noted.)

Full Name: First: _____ Middle: _____ Last: _____

(Check one if applicable): Jr. Sr.

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

Full Current Address: *(Information will be mailed to this address)*

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Phone Numbers (Optional):

Home: _____ - _____ Work: _____ - _____ Mobile: _____ - _____
(Area Code) (Number) (Area Code) (Number) (Area Code) (Number)

Current Email Address (Optional): _____

Section II: Statement

You may add a brief 200-word Consumer Statement to append to your file. Per the Fair Credit Reporting Act, as a Consumer Reporting Agency, we must include a summary of your statement in future reports.

Signature: _____

Date: _____

Please mail, fax or e-mail this completed form to:

Edify Administration Professionals, Inc.
Attn: Compliance Department
PO Box 35141 Greensboro, NC 27425
Phone: 888-885-5280
Fax: 206-338-4463
E-Mail: support@edifyscreening.com