

**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):** \_\_\_\_\_

Check here to have your consumer report delivered via email to the address specified above.

**Section II: Authorization Release**

*Please complete and sign the following release to receive a copy of your background screening report.*

I, \_\_\_\_\_, authorize Edify Administration Professionals, Inc. to release a copy of my background screening report that I have requested.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Edify Administration Professionals, Inc.**  
**c/o Compliance Department**  
**PO Box 35141 Greensboro, NC 27425**

**Phone: 888-885-5280**

**Fax: 206-338-4463**

**E-Mail: support@edifyscreening.com**