

Consumer Request for Copy of Background Check

Please print this form and complete the information.

Email to: support@premierinfosource.com

OR Mail:

Premier InfoSource, Inc

PO Box 673385

Marietta GA 30006

Identification & Contact Information

First Name *

Middle Name *

Last Name *

I certify that I have no middle name or initial

Suffix

Other names used

Social Security Number *

Date of Birth *

Mailing Address 1 *

Mailing Address 2

City *

State *

ZIP Code *

I have lived at this address less than six months

State where Driver's License was issued *

Driver's License Number *

I certify that I do not have a Driver's License

How Can We Contact You?

Please provide at least one contact number:

Name of the Employer who requested your background check?

Address where Premier InfoSource can mail your report?