



# The Reference COPY REQUEST

## SECTION A: Consumer Information

Please print legibly or type all fields except as noted.

First Name  Middle Name (N/A for none)  Last Name

Suffix (Jr., Sr., III, etc.) if applicable:  Date of Birth:     
Month / Day / Year

Social Security Number:    -   -

Complete Current Address: (Note: All information sent to you will be mailed to this address)

Street Address:  Apt. # (optional):

City:  State:  Zip:

Phone Numbers (optional):

(Area Code) Number (Area Code) Number  
()  -  ()  -   
Home#  Cell#  Work#  Home#  Cell#  Work#

Email Address (optional):

## SECTION B: Authorization Release

Please complete the following release form to authorize the copy request.

I,  authorize The Reference Company to release a copy of my background check report that I have requested.

Signature:  Date:

By signing this form, either electronically or written, I authorize the release of information as stated above.

Please mail, fax, or e-mail this completed form to release a copy of your background check report to:

The Reference Company

Attention: Compliance Dept.

39425 Garfield Road, Ste 22

Clinton Twp, MI 48038

Phone: (586) 228-1022

Fax: (586) 228-2323

Email: [mailbox@referencecompany.com](mailto:mailbox@referencecompany.com)

**If you have any questions or concerns, please contact The Reference Company's Compliance Department at (586) 228-1022.**