

## File Disclosure Request Form

Pursuant to the Fair Credit Reporting Act ("FCRA"), I am requesting a full file disclosure report from your organization. More specifically, under Section 609 (15 U.S.C. § 1681g) of the FCRA, a consumer is entitled to receive, as a result of this full file disclosure request, all information recorded and retained in the consumer's file, the sources of the information in the file, information about persons or entities who have procured a consumer report on the consumer, and a record of all inquiries received by you during the one-year period preceding this request that identified the consumer.

To obtain a copy of my consumer report, the following information is required for identification purposes only in order to process my request. It is my understanding that Verisys Corporation will mail me a copy of my report upon receiving this completed File Disclosure Request Form.

**All Information below is required in order to process your request. Please print clearly.**

**Your Full Name:** \_\_\_\_\_

**Your Street Address:** \_\_\_\_\_

**Your City, State & Zip Code:** \_\_\_\_\_

**Your Telephone Numbers (with area code): Day:** \_\_\_\_\_

**Evening:** \_\_\_\_\_

**Your Email Address:** \_\_\_\_\_

**Your Social Security Number:** \_\_\_\_\_ **Your Date of Birth:** \_\_\_\_\_

**Please check your method of delivery:**

**Mail to address provided above.**

**Email to email address provided above**

**Check here if, for security purposes, you want your copy of your report to include only the last four digits of your Social Security Number ("SSN"), rather than your entire SSN.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**\*Your report will be sent within 15 days after we receive your request.**

**This form can be mailed to Verisys Corporation, Attn: Legal Department, 1001 N. Fairfax Street, Suite 640, Alexandria, VA 22314 or emailed to [consumer.report@verisys.com](mailto:consumer.report@verisys.com).**