

# BACKGROUND INVESTIGATION DISCLOSURE REQUEST

**Complete and return this form by mail to:**

COMMERCIAL INVESTIGATIONS LLC  
130 Remsen Street  
Second Floor  
Cohoes NY 12047

If your reason for disclosure is number five (5) below, you must enclose a money order in the amount of \$11.00 made payable to COMMERCIAL INVESTIGATIONS LLC. Upon receipt of this form, the requested information will be mailed directly to you.

I request the disclosure of the nature and substance of all information on myself in the Agency's files, including the sources of the information and identification of the recipients of all reports furnished within the past two years.

I understand that if the Agency named above is unable to establish proper identification it will decline my request.

**REASON FOR DISCLOSURE: (check one)**

1. \_\_\_\_\_ Employment denied or terminated within the past 60 days by \_\_\_\_\_  
\_\_\_\_\_ (name of facility) (no charge).
2. \_\_\_\_\_ I am unemployed and plan to seek employment within 60 days (no charge).
3. \_\_\_\_\_ I am a recipient of public welfare assistance (no charge).
4. \_\_\_\_\_ My report contains inaccurate information due to fraud (no charge).
5. \_\_\_\_\_ Other — charge is \$11.00 (explain) \_\_\_\_\_  
\_\_\_\_\_

The following information is required to establish a firm identity:

**Name:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Daytime Telephone Number:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **State of Issue of Driver's License:** \_\_\_\_\_

I certify that I am the person named above and I understand that federal law provides that a person who obtains information from a consumer reporting agency under false pretenses shall be liable to the consumer reporting agency for actual damages or \$1,000, whichever is greater.

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