



## Consumer Report Copy Request

### Section A: Consumer Information

Please complete all sections and fields as noted.

**Full Name:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

(Check one if applicable):  Jr.  Sr.      Date Of Birth: \_\_\_\_/\_\_\_\_/19\_\_\_\_  
(Month) (Day) (Year)

\_\_\_\_-\_\_\_\_-\_\_\_\_  
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)* \_\_\_\_\_

### Section B: Authorization Release

Please complete the following release to authorize the copy request.

I, \_\_\_\_\_, authorize Info Cubic LLC. to release a copy of my consumer report that I have requested.

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

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

Info Cubic LLC.  
Attn: Compliance Department  
9250 E Costilla Ave suite 525  
Greenwood Village, CO. 80112  
Fax: 1(877) 578-9558  
Email: services@infocubic.net