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REQUEST FOR COPY OF CONSUMER REPORT

Name: (Last, First	t, Middle)	
Social Security N	umber:	
Date of Birth (Mo	onth/Day/Year):	
Present Address		
Street Address		
City	State	Zip
I,potential employe	r/or other agency.	am requesting a copy of the screening report supplied my
Please send to the	following: (mark selec	ction)
Email:		Please allow up to 1 business day to process.
☐Mail:		Please allow up to 1 business day to process
Passport, State ID). I am aware if I fail	tate or Government ID (examples: Driver's License, to provide proof of my identity MBI will NOT send me a each consumer's rights. Return to the address, email or fax
Signature:		
Гoday's Date:		