



## COPY REQUEST

### Section A: Consumer Information

Please complete all fields except as noted.

**Full Name:** First:  Middle:  Last:

(Check one if applicable):  Jr.  Sr.

Date of Birth:

Social Security or Individual Tax Identification Number:

**Full Current Address:** (Information will be mailed to this address)

Street Address:  Apt. #:

City:  State:  Zip:

**Phone Numbers** (Optional):

Home:    
(Area Code) (Number)

Work:    
(Area Code) (Number)

Mobile:    
(Area Code) (Number)

**Current Email Address** (Optional):

### Section B: Authorization Release

Please complete the following release to authorize the copy request.

I, , authorize IntelliCorp Records, Inc. to release a copy of my background

(your name)

check report that I have requested.

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

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

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

IntelliCorp Records, Inc.  
3000 Auburn Drive, Suite 410  
Beachwood, Ohio 44122  
Phone: 866-202-1436  
Fax: 216-450-5279  
E-Mail: reinvestigation@intellincorp.net