

DISCLOSURE REQUEST

Complete and return this form by mail to:

**Applicant 360
Compliance Department
4920 W. Cypress
Suite# 102
Tampa, FL 33607**

Agency License No. A2700467

If your reason for disclosure is number (5) below, you must enclose a money order in the amount of \$11.00 payable to Applicant 360. Upon receipt of this form, the requested information will be mailed directly to you at the address you provide.

I request the disclosure of the information on myself in the Agency's files.

REASON FOR DISCLOSURE: (check one)

1. _____ Employment denied or terminated within the past 60 days
by _____ (name of Company) (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 (explain) _____

(charge is \$11.00).

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

*(A clear, legible copy of your driver's license must be submitted with this form).

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 \$1000, whichever is greater.

Signature: _____ **Date:** _____