

**Instructions for Completing the Liberty Screening Services, LTD.
FACT Act File Disclosure Request Form**

If you wish to request a FACT Act File Disclosure Form by mail, please submit additional identity and address verification documents and fill out the attached Report Request Form. In order to verify your identity and your address, you will need to provide two documents; one from each list below. The first document is for proof of identity. The second document is for proof of the mailing address. Billing statements should be dated within the preceding two months. Select one document from each column.

Column 1

Identification Documents:

Driver's License (not expired)
State Issued ID Card (not expired)
Social Security Card

Column 2

Proof of Mailing Address:

Major Credit Card Billing Statement*
Utility Bill*
Telephone Bill*
Insurance Declaration Page (must be in effect – not expired)
Property Tax Bill (for most current year or year immediately preceding)
Property Deed

*Documents should be dated within the preceding two months.

Copies must be legible and the document provided under Column 2 must match the name and mailing address on the Report Request Form. Once we have received your completed Report Request Form and documentation, it will take approximately 15 days to process your request. To check on the status of your request, you may call (toll-free) 1-888-961-9990. This service is available Monday – Friday, 8am – 5pm CST.

Liberty Screening Services provides Employment Reports (Client Reports) to employers, or prospective employers, that have a job applicant's or an employee's consent. Employers utilize a variety of companies to obtain these reports. Our files only contain information on you if Liberty Screening Services has provided your Employment Report (Client Report) to an employer.

- Fill the form out completely and neatly.
- Do not make stray marks on the form and completely erase corrections or use correction fluid (such as White-Out). Provide as much information as possible.
- All information is required unless not applicable (i.e.: you do not have a legal middle name). We will be unable to process your request without this required information.
- Your report will be mailed to the address listed below under MAILING ADDRESS. **Note:** We will not mail a report to the address listed under CURRENT ADDRESS or PREVIOUS ADDRESS. These addresses are only used to search our records for a complete Disclosure.
- Mail this form and the Identity / Address verification documents to:

Liberty Screening Services: Consumer Disclosure Center

**2180 North Loop West, Suite 350
Houston, TX 77018**

Suffix examples: Jr., Sr., III

First Name		Gender M/F	
Middle Name			
Last Name		Suffix	
Previous Legal First name			
Previous Last Name			
Social Security Number		Date of Birth	
Phone Number			
DL State			
Driver's License Number			
Prev. DL State			
Previous Driver's License Number			
Mailing Street Address		Apt. #	
Mailing City		State	Zip Code
<i>Current Address – Only complete if different than Mailing Address</i>			
Current Street Address		Apt. #	
Current City		State	Zip Code
<i>Previous Address – Complete if you have not lived at the above address more than 2 years</i>			
Previous Street Address		Apt. #	
Previous City		State	Zip Code

The Proof of Mailing Address document must match this name and address. Refer to Column 2 of the list of acceptable documents.

If your current address is different than your mailing address, enter your current address. The Proof of Mailing Address document must match the address you provide as a mailing address.

SAMPLE

Liberty Screening Services, LTD. FACT Act File Report Request Form

Personal Information – Please print in capital letters. All information is required.

First Name		Gender M/F	
Middle Name			
Last Name		Suffix	
Previous Legal First name			
Previous Last Name			
Social Security Number		Date of Birth	
Phone Number			
DL State			
Driver's License Number			
Prev. DL State			
Previous Driver's License Number			
Mailing Street Address		Apt. #	
Mailing City		State	Zip Code
<i>Current Address – Only complete if different than Mailing Address</i>			
Current Street Address		Apt. #	
Current City		State	Zip Code
<i>Previous Address – Complete if you have not lived at the above address more than 2 years</i>			
Previous Street Address		Apt. #	
Previous City		State	Zip Code

Signature: _____

Date: _____