

Disclosure Request Form

Employment Adverse Action

Pursuant to my rights under federal and state law, I request that a clear and accurate disclosure be made to me of all information you have in your files about me. I also request disclosure of the sources of such information, and the names of all recipients of any consumer reports on me furnished by License Monitor, Inc. within the limits prescribed by law. I understand my report may include information from my file relating to my traffic violation activity reported to my past, present or prospective employer where such employer engaged License Monitor to do so.

To obtain a copy of my consumer report, which was requested through License Monitor, the following information is supplied for identification purposes only. It is my understanding that License Monitor will mail me a copy of my report, upon receiving my completed *Disclosure Request*.

PLEASE PROVIDE THE INFORMATION ABOUT **AND** SIGNATURE OF DRIVER AFFECTED

*All information on this form is required
in order to process your request.
(PLEASE PRINT CLEARLY)*

Completed forms can be mailed, faxed, or e-mailed to:

License Monitor, Inc.
169 South Main St. #350
New City, NY 10956

Fax: 877-303-8064

E-Mail: info@licensemonitor.com

DRIVER INFORMATION – PLEASE FILL OUT COMPLETELY

Full Name: _____

Date of Birth: _____ - _____ - _____

Current Address, City, State & Zip (*no PO boxes*):

Previous Address (*if you have lived at the above for less than 2 years*):

Daytime Phone: (_____) _____

Driver's License State: _____

Driver's License #: _____

Employer Name and Address:

Signature _____ Date _____

Signature _____ Date _____
(*Signature of legal guardian if under 18*)