



Request a Copy of Your Report

Please complete the attached form and **include a copy of your ID** (Driver's License, Military ID card, School ID card, etc). Mail the completed form to:

HR Screening Services
521 Cedar Way, Suite 102
Pittsburgh, PA 15239
Fax: 412-517-1208
Email: orders@hrscreening.com
Toll Free: 800-261-6268

Copy of Background Check Report Request Form

Applicant/Consumer Information

First Name: _____ MI: _____ Last Name: _____

Date of Birth: ____/____/____ SSN: ____-____-____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Employer Name: _____

The report will be mailed to the address listed above unless you check one of the boxes below:

- Email me the report to _____
- Fax me the report to _____

Attestation

I state and attest that to the best of my knowledge, the information provided above is true and correct.

Signature: _____ Date: _____