



P.O. Box 2070

Phoenix, AZ 85001

Tel 877/225-2591

Fax 877/225-6265

## Applicant Request for Copy of Background Check Report

If you are aware that Merchants Information Solutions, Inc. ("MIS") has completed a background check on you at the request of one of our clients, you are entitled to a copy of that report. This form may be used to request a copy of your background check report from MIS. **You must complete this form and provide a copy of a government-issued identification.** Please fax or mail the form to MIS. A copy of your report will be mailed out within five (5) business days from receipt of the request.

If after receiving your report you wish to dispute any information contained within it, please mail or fax a detailed summary of the information you are disputing to MIS.

### YOUR NAME AND CONTACT INFORMATION

(PRINT) First Name	Middle Name	Last Name	
Social Security Number	Issuing State	Date of Birth	
Current Street Address	City	State	Zip
Current Phone Number	E-mail Address		
PLEASE SIGN HERE (Required)			Date

A copy of your request will be mailed to you, please provide us your address (if different from above)

Address

City

State

Zip