8690 Sierra College Blvd #160-342
Roseville, CA 95661
Phone: 888.534.1233
Fax: 888.332.4128

Request of Consumer Report Release

Applicant Information:

Applicant Full Name: _____

Aliases or other Names: _____

Social Security Number or Tax ID: _____

Date of birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Personal Information
Include a copy of your photo ID

Apartment Information:

Apartment Name: _____

Apartment Address: _____

City: _____ State: _____ Zip: _____

Date Applied: _____

Reason for Request (check all that apply):

☐ My application was denied
☐ I was accepted with an adverse decision

Comments: _____

I declare, under penalty of law, that to the best of my knowledge, the information supplied above, and all accompanying information is true and correct.

Signature: _____ Date: _____

***Copy of photo ID is required to process your request. ***