



REPORT COPY REQUEST

Section A: Consumer Information

Please complete all fields except as noted

Full Name: First: _____ Middle: _____ Last: _____
Jr _____ Sr _____ Date of Birth: _____

Social Security Number: _____ - _____ - _____

Full Current Address (Information will be mailed to this address)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers (Optional)

Home: (_____) _____ Work: (_____) _____ Mobile: (_____) _____

Current Email Address: _____

Check here to have your consumer report delivered via email to the address specified above.

Check here to have your consumer report delivered via US Mail to the address specified above.

SECTION B: Authorization Release

Please complete the following release to authorize the copy request.

I, authorize Hopstick, LLC to release a copy of
(Your Printed Name)
my background check report that I have requested.

Signature: _____ Date _____

Please email, fax or mail this completed form to:

VeraTrack

417 Cattell Street

Easton, PA 18042

Phone: 888-858-4974

Fax: 610-258-5711

Email: copyrequest@veratrack.com