



UNIVERSAL DATA REQUEST FORM
 FAX THIS REQUEST TO: K-LAK CORPORATION - (302) 478-2507
 SEND/CALL REQUEST TO: PO BOX 7033, WILMINGTON, DE 19803 - (302) 477-1869

Must be Completed by the Subscriber

<p>SECTION A: (Place a check mark by the reports or records requested). Must complete section B and C</p> <p><input type="checkbox"/> One Bureau Credit Report</p> <p><input type="checkbox"/> Two Bureau Credit Report</p> <p><input type="checkbox"/> Three Bureau Credit Report</p> <p><input type="checkbox"/> Criminal Record (2)</p> <p><input type="checkbox"/> Driving Record (2)</p> <p><input type="checkbox"/> Employment Record (1, D)</p> <p><input type="checkbox"/> Education (1, F)</p> <p><input type="checkbox"/> Collection Report</p> <p><input type="checkbox"/> Social Security Trace</p> <p><input type="checkbox"/> Social Security Re-Trace</p> <p><input type="checkbox"/> Bankruptcy Report</p> <p><input type="checkbox"/> IRS Tax Report (1)</p> <p><input type="checkbox"/> Drug and Alcohol Testing (1)</p> <p><input type="checkbox"/> Public Filings (liens, etc)</p> <p><input type="checkbox"/> Character References (E)</p> <p><input type="checkbox"/> Worker Compensation (D)</p> <p><input type="checkbox"/> DMV Report (2)</p> <p><input type="checkbox"/> Banking Verification (1)</p> <p><input type="checkbox"/> Mortgage Report</p> <p><input type="checkbox"/> Business Report</p> <p><input type="checkbox"/> Other _____</p>	<p>SECTION B: (Subscriber Information) Print or Type Information</p> <p>Subscriber Code: _____ Date: ____/____/____</p> <p>Company Name: _____</p> <p>Requestor Name: _____ Phone #: _____</p> <p><u>RETURN RESULTS BY:</u></p> <p><input type="checkbox"/> Verbal Only <input type="checkbox"/> Written Only <input type="checkbox"/> Fax: () _____</p> <hr/> <p>SECTION C: (Consumer Information) Print or Type Information</p> <p>First Name: _____</p> <p>Last Name: _____</p> <p>Middle Name: _____ Generation: <input type="checkbox"/> Jr. <input type="checkbox"/> Senior</p> <p>Address: _____</p> <p>City: _____ State: _____</p> <p>Zip: _____ Years There: _____</p> <p>Social Security # _____ -- _____ -- _____</p> <p>Date of Birth: _____</p> <p><u>COUNTIES TO VERIFY (FOR CRIMINAL, DMV AND DRIVING RECORDS ONLY)</u></p> <p>County: _____ State: _____</p> <p>County: _____ State: _____</p> <p>County: _____ State: _____</p> <p>County: _____ State: _____</p> <p>Driver's License #: _____ State: _____</p>
<p>NOTE: (1) May need Authorization (2) Must provide driver's license number (3) Complete Section (D), (E) page 2 or (F) page 3</p>	

SECTION D:
(Print or Type Information)

EMPLOYMENT

EMPLOYER: _____

ADDRESS: _____

SUPERVISOR: _____ TEL #: () _____

DATE OF EMPLOYMENT: _____ / _____ POSITION: _____

PRESENT: ___ YES ___ NO SALARY: _____

REASON FOR LEAVING: _____

EMPLOYER: _____

ADDRESS: _____

SUPERVISOR: _____ TEL #: () _____

DATE OF EMPLOYMENT: _____ / _____ POSITION: _____

PRESENT: ___ YES ___ NO SALARY: _____

REASON FOR LEAVING: _____

SECTION E:
(Print or Type Information)

CHARACTER REFERENCES

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

YEARS THERE: _____ TEL: () _____

PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

YEARS THERE: _____ TEL: () _____

SECTION F:
(Print or Type Information)

EDUCATION

HIGH SCHOOL: _____ NAME & ADDRESS OF SCHOOL: _____

COURSE OF STUDY: _____ YEAR ATTENDED: _____

YEAR COMPLETED: _____ YEAR NOT COMPLETED? _____

DIPLOMA / DEGREE: _____

UNDERGRADUATE COLLEGE: _____

NAME & ADDRESS OF SCHOOL: _____

COURSE OF STUDY: _____ YEAR ATTENDED: _____

YEAR COMPLETED: _____ YEAR NOT COMPLETED? _____

DIPLOMA / DEGREE: _____

GRADUATE/PROFESSIONAL: _____

NAME & ADDRESS OF SCHOOL: _____

COURSE OF STUDY: _____ YEAR ATTENDED: _____

YEAR COMPLETED: _____ YEAR NOT COMPLETED? _____

DIPLOMA / DEGREE: _____

OTHER (SPECIFY): _____

NAME & ADDRESS OF SCHOOL: _____

COURSE OF STUDY: _____ YEAR ATTENDED: _____

YEAR COMPLETED: _____ YEAR NOT COMPLETED? _____

DIPLOMA / DEGREE: _____