

FULL FILE DISCLOSURE REQUEST



Step One: Complete the information below (print clearly)

- Information may only be requested for yourself or that of your minor child
- Missing information may result in the inability to properly research our files
- Illegible or incomplete requests will be returned as “not processed”

Consumer Information

First Name _____ Middle Name _____ Last Name _____
Maiden Name _____ Any Other Names Used _____
Social Security Number _____ Date of Birth (m/d/yy) _____
Driver’s License Number _____ State Issued _____

Address & Contact Information

Current Street Address _____
City _____ State _____ Zip Code _____
Mailing Address (File Disclosure will be mailed to this address) _____
City _____ State _____ Zip Code _____
Daytime Phone # () _____ Cell # () _____
Email Address _____

Signature _____ Date _____

Step Two: Submit identity and address verification (documents must be legible)

- Provide one document from Category A and one from Category B (see below)
- Do not mail original documents

Category A - Identity Verification	Category B - Address Verification
<ul style="list-style-type: none">• Driver’s License (not expired)• State Issued ID Card (not expired)• Social Security Card• Military Identification Card (not expired)• Passport (not expired)• Canadian Issued Driver’s License (not expired)	<ul style="list-style-type: none">• Major Credit Card Billing Statement• Major Bank Statement• Major Gas Company Credit Card Billing Statement• Utility Bill (Gas, Electric, Water, Sewer or Cable/Satellite)• Telephone Bill• Major Cell Phone Service Provider Bill• Insurance Declaration Page (in full effect/not expired)• Property Tax Bill• Property Deed <p>Documents from Category B must be:</p> <ul style="list-style-type: none">✓ In the requester’s name and mailing address✓ Dated within the preceding two months and not expired <p>We will not accept the following:</p> <ul style="list-style-type: none">⊗ Insurance card or insurance statement/bill⊗ Property tax payment receipt

Step Three: Mail this completed form, one document from Category A and one document from Category B to:

Global Safety Network
% Compliance Department – File Disclosures
3590 S 42nd Street, Grand Forks, ND 58201

We recommend (not require) using the US Mail with Return Receipt Requested or any courier service (e.g., FedEx) with shipment tracking.

Upon receipt of this completed form and verification documents, we will process your request within 30 days and mail to the address you specified.

