

# CONSUMER STATEMENT REQUEST FORM

## Section A: Consumer Information

Please complete all fields except as noted.

Full Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

(Check one if applicable): \_\_\_ Jr. \_\_\_ Sr. \_\_\_ Date of Birth: : \_\_\_\_\_

Social Security Number: : \_\_\_\_\_

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

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Phone Numbers (Optional):

Home: : \_\_\_\_\_ Work: : \_\_\_\_\_ Mobile: : \_\_\_\_\_

Current Email Address (optional) : \_\_\_\_\_

## Section B: Statement

You may add a brief 100-word Consumer Statement to append to your file. Per the Fair Credit Reporting Act, as a Consumer Reporting Agency, we must include a summary of your statement in future reports.

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail, fax or e-mail this completed form to:

RSAl Licensure Program  
1201 63<sup>rd</sup> Street  
Des Moines IA 50311  
Phone: 515-251-5970 ext. 2  
Fax: 515-251-5985