



ISO CLAIMSEARCH

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REQUEST FOR DISCLOSURE TO THIRD PARTIES

(All information below must be typewritten)

NAME _____
(Last) (First) (Middle)

PRESENT ADDRESS _____

PREVIOUS ADDRESS _____

PREVIOUS ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

I am the person named above and I understand that Federal Law provides that a person who obtains information from ClaimSearch under false pretenses may be fined not more than \$5,000 or imprisoned not more than 1 year or both. I will understand that if ClaimSearch is unable to establish proper identification, it will be obliged to decline my request for disclosure.

Effective 1/1/2012, I understand there is a \$60.00 fee (payable to AISG) to cover the expense of this disclosure and I have enclosed my check for that amount. (No search will be done without payment.)

Please include additional documentation to validate the identity of the individual (a copy of a drivers' license, picture ID card, the signed page of your retainer, or the form may be notarized). Any form that does not include proof of identity will be returned.

I hereby request that ISO ClaimSearch disclose the contents of my file to the person (s) listed below:

ATTORNEY/FIRM NAME _____

DATE

CLIENT'S SIGNATURE

Return to: ISO ClaimSearch
ATTN: Denise Fasano
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Jersey City, NJ 07310-1686
201.469.3086