

SCAN Consumer Report Order Form

Obtaining information under false pretenses is illegal. Obtaining a report on someone other than yourself is punishable by law, and can result in fines and/or imprisonment.

To process your request for a SCAN report, we need the following information:

Last Name: _____
 First Name: _____
 Middle Name or Initial: _____
 Address:*
 (Street, PO Box, Apt #) _____
 City: _____ State: _____ Zip: _____
 Daytime Phone:* () _____ - _____
 Evening Phone:* () _____ - _____
 Bank Routing Number (nine
 digits): _____
 Checking Account Number: _____

If your check writing privileges were declined by a retailer please provide the following:

Retailer Name: _____
 City and State: _____
 Date Check was Declined: _____

Circle the type of ID(s) used and provide the necessary information for that ID.

U.S. Drivers License Number: _____ State of issuance: _____
 State ID Number: _____ State of issuance: _____
 Military ID Number: _____
 Resident Alien Card Number: _____

Signature _____ Date _____

*SCAN will correspond with you at the above address and phone numbers unless you request otherwise

Order by Mail: DPPS / SCAN
 Attn: Consumer Referral Services
 7805 Hudson Road, Suite 100
 Woodbury, MN 55125

Order by FAX: Fax to: SCAN
 1-800-358-4506
 Attn: Consumer Referral Services Order Desk