Johnston Health

ChoicePoint Background Request Form

Personal Information...Print capital letters in the boxes. Try not to touch the sides of the boxes.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

First Name

Middle Name

Last Name

Previous Legal name

Year Changed

Street Address

City

State

Zip

Social Security Number

Date of Birth (month-day-year)

Driver's License Number

State

Previous Addresses....Most Recent First

City

State

Zip

City

State

Zip

City

State

Zip

City

State

Zip

Client Name (Requester)

C A R O L Y N F U T R E L L

Account Number

8 6 5 9 9 7

Location

Voice Telephone Number

9 1 9 - 9 3 8 - 7 1 1 9

Extension

Client Data 1

Fax Telephone Number

9 1 9 - 9 3 4 - 8 4 2 1

SSN Trace ○ **Credit** ○ **Civil** ○ **Employment** ○ **DHHS Databank** ● **Professional License** ○

MVR **County Criminal** ● **Federal Criminal** ○ **Education** ○ **National Practitioner Data Base** ○

FAX to Choicepoint Services, Inc. at 800 699-4874