

Disclosure Request Form Canada

Pursuant to my rights under federal and provincial privacy laws, I request you provide to me of all the personal information you have in your files about me. I also request disclosure of the sources of such information, and the names of any organization that received my personal information from Explore Information Services.

To obtain a copy of my personal information, the following information is supplied for identification purposes only. It is my understanding that Explore Information Services will mail me a copy of my personal information, upon receiving my completed *Disclosure Request Form*.

PLEASE PROVIDE THE INFORMATION ABOUT **AND** SIGNATURE OF THE REQUESTOR

*All information on this form is required
in order to process your request.
(PLEASE PRINT CLEARLY)*

Completed forms can be mailed or e-mailed to:

Explore Information Services, LLC
PO Box 21636
Saint Paul, MN 55121

E-Mail: exploreinfo@exploredata.com

DRIVER INFORMATION – PLEASE FILL OUT COMPLETELY

Full Name: _____

Date of Birth: _____ - _____ - _____

Current Address, City, State & Postal Code (*no PO boxes*):

Previous Address (*if you have lived at the above for less than 2 years*):

Daytime Phone: (_____) _____

Driver's License Province: _____

Driver's License #: _____

Employer Name and Address:

Signature Date

Signature Date
(*Signature of legal guardian if under 18*)