



# Request for Employment Data Report

This form is to be used to request a copy of your Employment Data Report. An Employment Data Report is a disclosure of the information available to authorized companies concerning your employment at a TALX client, as well as details of instances when your information was provided to authorized companies. To receive a copy of your Employment Data Report by mail, simply complete and return this form along with proof of identity and proof of address. One item from each of the following two categories is required:

**Proof of Identity**

Please include a photocopy of one of the following:

- State Driver's License
- State Issued ID Card
- Military ID
- W-2

**Proof of Address**

Please include a photocopy of one of the following, dated within the last two months (the item must reference requestor's name and mailing address):

- Electric Bill
- Telephone Bill
- Gas Bill
- Cable Bill
- Satellite TV Bill

Your Social Security Number, name, address, phone number and employer for which you are requesting a report.

1

Your Social Security Number: --

Name: \_\_\_\_\_  
First Last Su ffix

Street Address ( residence): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

E-mail Address: ( ) \_\_\_\_\_

If you have been, or are currently employed by either of the following employers, please enter the alternate ID assigned by your employer that is used in place of your SSN. Employment information from these employers will not be included in the Employment Data Report without valid alternate ID's.

2

(10716) TX Dept of Criminal Justice Human Resources  
HQ Employee Svcs:

(10396) State of California:

(14817) Oregon State University

Your Social Security Number will be displayed on your Employment Data Report unless you indicate otherwise below.

3

Check here if, for security reasons, you want no more than the last four digits of your Social Security Number to appear on your Employment Data Report.

Please read and sign the following statement. Your signature acknowledges your agreement.

4

By submitting this form, I state that all of the information contained is true to the best of my knowledge.

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

After completing this form, please return it by mail or fax. The mailing address and fax number are provided below. Remember to include your proof of identity and proof of address from the lists above.

5

Equifax Workforce Solutions  
ATTN: EDR  
3470 Rider Trail South  
Suite 337  
Earth City MO 63045

Fax: (877) 879-8182

Your request will be processed within 15 days of receipt and then mailed to you.