

# FAX TRANSMITTAL

To: **SSCI**

Fax: 866-996-1292

Telephone: 866-996-7412

Client Name: \_\_\_\_\_

Pages (Cover plus consent forms): \_\_\_\_\_

Date of Transmission: \_\_\_\_\_

**Note:** Simply fill in the required information below and fax, along with consent forms, to SSCI at the number listed above. This information will assist SSCI in completing the background check process and will limit the amount of follow up information needed from you. This form may also be used as a tool to assist you in reconciling your invoices. Please use one Fax Transmittal sheet per 10 Consent Forms.

	LEGAL NAME	ADDRESS	DOB	SSN
1				
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*Client Comments / Instructions For SSCI*

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