

Human Trafficking Information Blocking Request Form

Section 1: Your Information

Full Name:

Date of Birth:

Current Address (Optional):

Email Address (Optional):

Phone Number (Optional):

Section 2: Preferred Contact Method

Please select how you would like us to communicate with you regarding this request:

- Email
- Phone
- Mail
- Authorized Representative (complete Section 3)

Preferred Contact Details:

Section 3: Authorized Representative (Optional)

If someone is assisting you, complete below:

Representative Name:

Organization (if applicable):

Email / Phone:

Authorization Statement:

I authorize the above individual/organization to act on my behalf regarding this request.

Signature: _____ **Date:** _____

Section 4: Proof of Identity

Please provide information or documentation that helps us verify your identity.

(Examples: ID, SSN/Insurance number, prior addresses, or other identifying info)

Details Provided:

Section 5: Victim of Trafficking Statement

Please check one:

- I am submitting documentation from a government agency, court, or authorized organization
 - I am submitting a signed statement (self-attestation) supported by an authorized entity
-

If submitting a self-attestation, complete below:

I attest that I am a victim of human trafficking for purposes of the Fair Credit Reporting Act.

Your Signature: _____ **Date:** _____

Authorized Entity Name (if applicable):

Authorized Representative Signature: _____

Section 6: Documentation Attached

Please indicate what you are including:

- Government agency documentation
- Court documentation

- NGO / task force documentation
 - Other (describe): _____
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Section 7: Information to Be Blocked

Please list the items you believe resulted from trafficking and should not be reported.

(You may attach additional pages if needed.)

Type of Record (e.g., criminal, debt, eviction) Description / Account / Case Info Approx. Date

Section 8: Additional Information (Optional)

Provide any context that may help us identify the records:

Section 9: Certification

I certify that the information provided in this request is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

Submission Instructions

Submit this form along with supporting documentation:



By Mail:

1445 Woodmont Ln NW #1835 Atlanta, GA 30318

By Email

admin@4safeddrivers.com

Important Notice

- You are not required to provide detailed information about your experience
- We will use your information only to process this request

- We will contact you using your preferred method

This form is provided in accordance with the Fair Credit Reporting Act (FCRA) and Regulation V.