

**LAW OFFICE OF MELISSA A. RASKEY
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CREDIT REPORT ORDER FORM AND CONSENT RELEASE

Debtor's Full Name: _____

Debtors' Birth date: ____/____/____

Debtors SS No.: ____-____-____

Current address: _____

Previous address: _____

Co- Debtor's Full Name: _____
(if joint filing)

Co-Debtors' Birth date: ____/____/____

Co-Debtors SS No.: ____-____-____

Current address: _____

Previous address: _____

I/We give authorizations for **CIN Legal Data Services AND/OR The Law Offices of Melissa Raskey** to access my/our credit report information, tax information, and all medical information reported. By signing this document, you are verifying all the above information is correct.

Debtor's signature: _____ Date ____/____/____

Co-Debtor's signature: _____ Date ____/____/____