



## INCLUDED REPORT REQUEST FORM

Name:			
	Last Name	First Name	Middle Name

Date of Birth:	Month:		Day:		Year:		File Number:	
----------------	--------	--	------	--	-------	--	--------------	--

### INSTRUCTIONS

Please fill in all of the information below in order to process your request to add your Included Report recipient. Mail or Fax completed form to:

FCCPT  
124 West Street South, 3rd Floor  
Alexandria, VA 22314-2825, USA  
Fax: 703-684-8715

Service: \_\_\_\_\_

Included Report Recipient: \_\_\_\_\_

*NOTE: Enter the State/Jurisdiction name if you would like the report submitted to a State Board. If selecting an organization, institution, or other recipient, please fill out the information below:*

Recipient Email: \_\_\_\_\_

Recipient Address: \_\_\_\_\_  
Street City

\_\_\_\_\_ State

\_\_\_\_\_ Zip/Postal Code

\_\_\_\_\_ Country

### ATTESTATION

**Note: Do not submit this form unless you understand and agree to the following terms.**

1. I certify that I am the applicant named on this form.
2. I understand that if I do not qualify for the free included report, I will be contacted by FCCPT.
3. I acknowledge that the attestation signed when I submitted my application is still in force and that this document is intended to correct information mistakenly entered or omitted at the time of the application.

**This information will not be processed without your signature.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date