## I.C.U. Inc.

1-888-342-7737 FAX (866) 329-8787



## **EDUCATION TRACER** ORDER FORM \$50.00

This order form/disclaimer must be filled out entirely for us to process your request

Orders will not be taken from or concerning Massachusetts residents.	
Normal turn around time is 4 days. It may, howe time is 2 days. Please ✔ appropriate choice:	ver, take up to 7 days. □ ✔ here for Rush Delivery, turn around
I want a: state search (Insert state here) _	□ Reg. Price: \$50 □ Rush Price: \$75 □ Reg. Price: \$150 □ Rush Price: \$225
The only information we require is the name and	social security number.
*There will be a \$50.00 sur charge if a social sec	urity number is not provided.
NAME	SOCIAL SECURITY NUMBER
DEGREES CLAIMED	UNIVERSITY'S ATTENDED
SPECIAL INSTRUCTIONS OR INFORMATION	
THE REASON I AM REQUES	TING THIS INFORMATION IS (Check One)
I am attempting to contact an old friend or relative	
I am requesting information in regards to civil litigation: (If pending, fill in "pending")	
Case No (	Court Name
<b>NOTE:</b> All information requests are held in confidence. No information will be disclosed to the person about whom you are requesting information.	
I hereby affirm, certify and swear that the reason that I have requested this information is for the sole reason stated above, and that I have bona fide reason to request this information. I also swear that this information will not be used for anything illegal, immoral, obscene, or violent. I authorize you to bill my credit card, and agree to pay the issuing bank in accordance with my cardholder agreement.	
CREDIT CARD INFORMATION VI	sa, MasterCard, American Express, Discover
CARDHOLDER NAME CAR	DHOLDER ADDRESS
CITY, STATE, ZIP	PHONE NO.
CARD NUMBER	EXPIRATION DATE
SEND THE INFORMATION TO ME:	
(Please Check Only <u>One</u> Item Below)	
By mail at the above address	
By fax at this number	
By E-Mail at this address _	
	NATURE