

Human Trafficking Victim Request to Block Data

If you are a victim of human trafficking and would like to request a block of certain information, please provide the following:

Proof of Identity - provide one (must include current/legal name):

- Driver's License
- State or Government Identification Card
- Social Security Identification Card
- Military Identification Card
- Passport
- W-2 or 1099 Form

***If you would like to be authenticated through non-documentary means, please contact us at 1-866-222-5880*

Victim Determination Documentation:

Provide documentation confirming that you were a victim of human trafficking, such as:

- Determinations made by federal, state, tribal, or local governments, government agencies, or law enforcement
- Determinations by non-governmental entities or task forces authorized by a governmental agency to make such a determination
- A self-attestation signed or certified by such governmental agency or non-governmental entity
- A determination by court in a case where a central issue is whether you are a victim of human trafficking. Court documents can be made up of several documents from the court case that together show that the court accepted as true or found no genuine dispute that you were a victim of human trafficking

A statement of specific items of information that you are requesting be removed as being the result of human trafficking

These can be prepared by you or a designated representative acting on your behalf. You may designate these items in the chart below in Section 2.

Your Social Security Number, Name, Address and Employer Name/Employer Code for which you are requesting to block. * Indicates a mandatory field.

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*Your Social Security Number: - -

*Name: _____
First Last Suffix

*Preferred Method of Contact: E-mail Mail *Please Provide Selection Below*

Street Address (residence): _____

City, State, Zip code: _____

E-mail Address: _____

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* Employer Name/Employer Code:						
Original Hire Date:						
Most Recent Hire Date:						
Term Date:						
Employment Status:						
Job Title:						
Total Time with Employer:						
Rate of Pay:						
Pay Period Details: <i>(i.e., pay date, hours worked, gross, net earnings)</i>						
Average Hours Per Pay Period:						
Married and-or maiden names:						
Legally changed name:						
Aliases:						
Other Information:						
Additional Information:						
Year (Income)	Base Pay	Overtime	Commission	Bonuses	Other Income	Total Pay

Please note that a request to block certain information under an employer will result in a block of all information provided by the applicable employer. After completing this form, please return it by mail or email. Remember to include all required documentation described above.

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Equifax Workforce Solutions
 ATTN: HUMAN TRAFFICKING BLOCK
 3470 Rider Trail South
 Earth City, MO 63045
 disputes@equifax.com

Questions contact The Work Number Employee Service Center: 1-866-222-5880; TTY-hearing impaired: 1-800-424-0253 Mon-Fri; 9:00 a.m. - 8:00 p.m. ET