

**DISPUTE FORM**

This form is used to dispute the accuracy, completeness, or job-relatedness of information contained in your consumer report provided by Asurint.

Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Company Name: \_\_\_\_\_ (employer or prospective employer)

Disputed Information

Indicate the type of information you are disputing by checking the appropriate box. Describe the exact information you are disputing. Provide copies of any relevant documentation supporting your claim (court documents, etc.) Attach additional pages if necessary.

Criminal Records

Record(s) do not pertain to me     Information is reported inaccurately     Information is not up-to-date

Court(s):

Case Number(s):

Comments:

Motor Vehicle Records

Comments:

Professional License Verification or  FACIS (Fraud and Abuse Control Information Systems) Healthcare Records

Comments:

No dispute at this time. Only requesting a copy of completed consumer report.

I certify that the information I provided on this form is complete and accurate and acknowledge that I am the person named on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Note:

- Reinvestigation may take up to 30 days. Disputes are usually reviewed within one week.
- The result of the dispute and a copy of the report will be mailed to you.
- The company will be notified with the result of the dispute.
- If you have any questions, you may contact Asurint's Compliance Department at (800) 906-2034.

Mail form and any documents to:

OR

Fax form and any documents to:

OR

Email form and any documents to:

Asurint  
Compliance Dept.  
PO Box 14730  
Cleveland, OH 44114

1-216-916-4190  
(Attn: Compliance)

compliance@asurint.com