

FCRA Release

If you wish to dispute the accuracy of any information contained within the Asurint consumer report or consumer investigative report for your potential or current employer, or a potential or current landlord, please complete the following information and return to the address below. We will supply full details of the background screening report originally requested by any company who has taken an adverse action against you based on this information.

You must fax this form along with any attachments (documents which possibly validate your dispute) to Asurint utilizing the toll free fax number listed on this form. You will be contacted by an Asurint company representative following the receipt of your "signed" form. Should you have any questions, you may contact the Asurint Compliance Department at the toll free number listed on this form.

**Items with asterisk must be completed to obtain a copy of report.*

*Full Name	*Telephone
*Mailing Address	*City, State Zip
*Name of Company that ran the Search	*Date Of Birth
*Company Contact name and phone	*Social Security Number
*Company Address	

By signing this release form, I acknowledge I am the person named in this release.

***Signature:** _____ **Date:** _____

Mail form to: Asurint Attn: Compliance Dept 1501 Euclid Suite 900 Cleveland, Ohio 44115 800-906-2034	Fax form to: Asurint Attn: Compliance Dept. Fax: 800-906-2034
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Note: Report will be mailed within 30 days of receipt of this form.

NOTE: Please remember to fax *any* documents such as expungements, sealed, or corrected court documents along with this document.