ASURINT
VERIFY EVERY HIRE

DISPUTE FORM

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

Personal Information

Last Name: _____ First Name: _____ Middle Name: _____

Last 4 of Social Security Number ONLY: xxx-xx-_ _ _ _ Date of Birth: _____ Phone Number: _____

Current Address: _____

City: _____ State: _____ ZIP: _____

Email Address:_____

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: _____ Case Number: _____
Comments:

☐ Motor Vehicle Records

Comments:

☐ Employment Verification or Education Verification

Comments:

☐ Credit Records

Comments:

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.
- 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 Documents to:

Asurint
Compliance Dept.
PO Box 14730
Cleveland, Ohio 44114

1-800-906-2034

compliance@asurint.com