



REPORT DISPUTE NOTIFICATION FORM

If you wish to dispute the accuracy of any information contained within a criminal background check report completed on you by InfoCheckUSA, please complete Section A and B below:

Section A.

Please check one of the following reasons this report was conducted:

- Consumer Report - search conducted on yourself.
 - Investigative Consumer Report: search requested by (company name) _____ for employment purposes.
 - Other:
-

Section B.

Please mail to us at:

InfoCheckUSA.com
13820 Old St. Augustine Rd. Suite 113-151
Jacksonville, FL 32258

OR Fax to: **1-888-827-4468**

The following required information, so we may begin the dispute resolution process:

- A signed copy of this Dispute Notification Form. Be sure to describe the incorrect information in the space provided at bottom of this form.
- A copy of a state issued picture identification (driver's license, etc.)
- A copy of any court documents supporting the information being disputed.

We will contact you after we are in receipt of this information to inform you of the status of your dispute.

If you have any further questions, please contact the InfoCheckUSA Dispute Department at: **support@infocheckusa.com**

LAST NAME FIRST NAME MIDDLE NAME

ADDRESS CITY STATE ZIP CODE

DAYTIME PHONE # EVENING PHONE #

SOCIAL SECURITY NUMBER BIRTH DATE

DRIVER'S LICENSE NUMBER STATE EMAIL ADDRESS

My signature below authorizes InfoCheckUSA to begin the disclosure process in connection with a consumer report or investigative consumer report, which was prepared on me by InfoCheckUSA.

SIGNATURE DATE

Please identify all information that you believe is incorrect on your InfoCheckUSA criminal background check report (Please Print):