



**PO BOX 90998
RALEIGH, NC 27675-0998**

PHONE: 1-877-272-0266

FAX: 1-800-650-5992

E-MAIL: SALES@CRIMINALRECORDCHECK.COM

Consumer,

In order for CriminalRecordCheck.com (CRC) to proceed with the reinvestigation of your dispute, you must complete this form and return the attached dispute forms. Please mail or fax this information to the address and fax number found below.

CriminalRecordCheck.com (CRC)

PO Box 90998

Raleigh, NC 27675-0998

Fax: 800-650-5992

Please notify the employer that requested the background investigation of your dispute. If you have any question concerning your dispute, please contact CriminalRecordCheck.com at 877-272-0266 Ext. 1024.

Sincerely,

CriminalRecordCheck.com (CRC)



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NOTICE OF CONSUMER DISPUTE

INSTRUCTIONS: In order to process the dispute of your consumer report you must complete, sign, and return the three (3) pages of this form. Please call CriminalRecordCheck.com (CRC) at 877-272-0266 Ext. 1024 if you have any questions. Per the Fair Credit Reporting Act (FCRA), the reinvestigation may take up to 30 days.

By signing below I, [FIRST NAME] [MIDDLE NAME] [LAST NAME], am requesting a reinvestigation of my consumer report that was prepared in respect to my application for employment with [Employer]. By signing below, I authorize CriminalRecordCheck.com (CRC) to notify the "Employer" that requested my consumer report of my dispute and to provide them with the reinvestigation results if the report is revised or corrected.

In particular, I wish to dispute the accuracy and/or completeness of the information appearing in my consumer report concerning the screening elements that I have checked below:

- Criminal Record Check
Driving Record
Employment Verification
Employment Credit Report (Peer)
Education Verification
Other

Please provide a detailed explanation of the information that you are disputing:

Four horizontal lines for providing a detailed explanation of the information being disputed.



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**Please complete the following information. Incomplete forms will not be processed.
The results of the reinvestigation will be mailed to the address provided below.**

PLEASE PRINT USING BLACK INK

Full Name: _____ Maiden Name: _____

Other names used: _____

Social Security Number: _____ - _____ - _____ Date of Birth _____
(MM/DD/YYYY)

Mailing Address: _____
Street Address

City State Zip Code

Home Number () _____ Work Number () _____

Signature: _____ Date: _____

Please send the completed forms to the following address or fax number:

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Raleigh, NC 27675
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AUTHORIZATION FOR REINVESTIGATION

I, _____, have requested that CriminalRecordCheck.com (CRC) reinvestigate the consumer report conducted on me. By signing below, I hereby authorize without reservation, any party or agency contacted by CriminalRecordCheck.com (CRC), to furnish any information needed to complete the reinvestigation of my consumer dispute. Further, I understand that this release will permit any present or former employer, school, police department, criminal record repository, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about me to furnish CriminalRecordCheck.com (CRC) with any and all background information in their possession regarding me, that is required to complete the reinvestigation of my consumer dispute.

I also agree that a fax or photocopy of this authorization with my signature be accepted with the same authority as the original.

PLEASE PRINT:

Full Name: _____

Social Security Number: _____

Date of Birth (MM/DD/YYYY): _____

Signature: _____ Date: _____