



**REQUEST FOR DISCLOSURE FORM
APPLICANT DISPUTE FORM**

Section I: Purpose of your request (please check only one)

- Please send me a copy of all Consumer Reports you have obtained on me.
 I have received a copy of my report and would like to dispute certain information contained in the report.

Indicate the reason for your dispute below. Please be as specific as possible.

Please check this box if you would like another free copy of your report:

Section II: Information for sending reports

Please send the consumer reports to me by mail or by FAX.

Mailing address:

or FAX number:

Section III: Applicant Information and Authorization

Full name: _____

Date of birth: _____ SSN: _____

Daytime phone #: _____ Email: _____

I authorize Compliance Background Screening Services (CBSS) to send me a copy of all consumer reports in the manner chosen above. I also authorize CBSS to discuss all consumer reports with me over the telephone.

Signature: _____ Date: _____

Please fax or email this form to: CBSS
compliance@2cbss.com
Lafayette, LA 70503
FAX: 800-403-9044

If you have any questions, please call 888-959-5242.