



**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.

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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:

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**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](mailto:compliance@2cbss.com)  
Lafayette, LA 70503  
FAX: 800-403-9044 or  
337-376-5259

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